

# Action on Accidents and Injuries



Newsletter of the Working Party on Accidents and Injuries  
(Supported by the EC Public Health Programme)

Volume 1 • Issue 2  
June 2005

## Editorial

From our last issue, the deadline for submitting proposals under the Call for Proposal of the Community Action in the field of Public Health Programme (2003-2008) has passed (April 15, 2005) and the evaluation of the submitted proposals is being carried out. The evaluation process should be finalised by July 2005. We would like to wish all those who submitted proposals under this call great success.

The new Health and Consumer Protection Strategy (2007-2013), adopted on April 6, 2005 by the Commission, consolidates the two current EU programmes on public health and consumer policy into one. More specifically, a new strand has been created for the prevention of diseases and injuries (Article 3.2.4) and aims to help reduce injuries through preventive actions, campaigns and a strategy focusing on particular risk groups. For further information about the strategy, please visit <http://europa.eu.int/> or contact the WP-AI Secretariat.

This issue features an exclusive interview with the Commissioner for Health and Consumer protection, Markos Kyprianou on page 4 where he discusses the importance of injury prevention within the Public Health Programme.

As approximately 40 % of injury deaths occur among elderly people, the FOCUS article has been dedicated to elderly safety. As shown on the mortality map, deaths among the elderly due to fall injuries are a concern for all Europeans therefore, concerted actions are required in order to effectively and efficiently tackle this issue, which can be prevented. The project EUNESE aims to harmonise actions across Europe regarding elderly safety.

Your comments on the Newsletter are very welcome.

Eleni Petridou,  
WP-AI Secretariat



### Table of Contents

FOCUS on elderly safety	1-3
European news	2-4
Interview	4-5
National news	5-7
WHO Europe update	8-9
New member state in the spotlight	8
Towards a safer Europe	9
Events	10

## FOCUS on elderly safety part 1

By the EUNESE Greek project team

Every year almost 40,000 elderly (65+ years) in the EU-25 die of falls, which is by far the first cause of injury death among elderly accounting for at least 40% of the total injury deaths.

The associated financial cost has not been adequately assessed but it is expected to be huge given that more than one third of the health care expenditure is spent during the last year of life. The contribution of the environment to the causation of injuries is overwhelming and makes them eminently preventable, provided that knowledge is well documented, political will exists and resources are made available.

The EUNESE (European Network for Safety among Elderly) projects aims to build a European Network to ensure harmonisation of core activities for injury control and safety promotion among the elderly. It is run by CEREPRI together with 30 partners and is co-funded by DG SANCO of the EC Public Health Programme. EUNESE is considered a project of high potential, which endeavours to provide the framework of scientifically sound, harmonised policies and develop a concise strategy on injury prevention among the elderly, taking into account the cultural diversity of the EU.



**"Every year almost 40,000 elderly die of falls in the EU-25"**

*(photos supplied by the Consumer Safety Institute)*



On page 2 you will find an interesting overview of fall injuries. The complicated statistical data is presented in a coloured map making it easy for decision key-makers and the public to comprehend the magnitude of the problem. This injury map provides the geographic distribution of age-adjusted mortality rates due to fall injuries/100,000 people among elderly (65+ years) in the EU-25 and Norway.

The chart shows the colour scheme used for mapping countries with different mortality rates. The highest rates are found in the countries coloured in red (75<sup>th</sup>-100<sup>th</sup> percentile) and the lowest in the countries coloured in green (0-24<sup>th</sup> percentile). Excluded countries with a population less than a million inhabitants are coloured in blue.

## EUROPEAN NEWS

### EU cross-border enforcement of traffic rules can save many lives

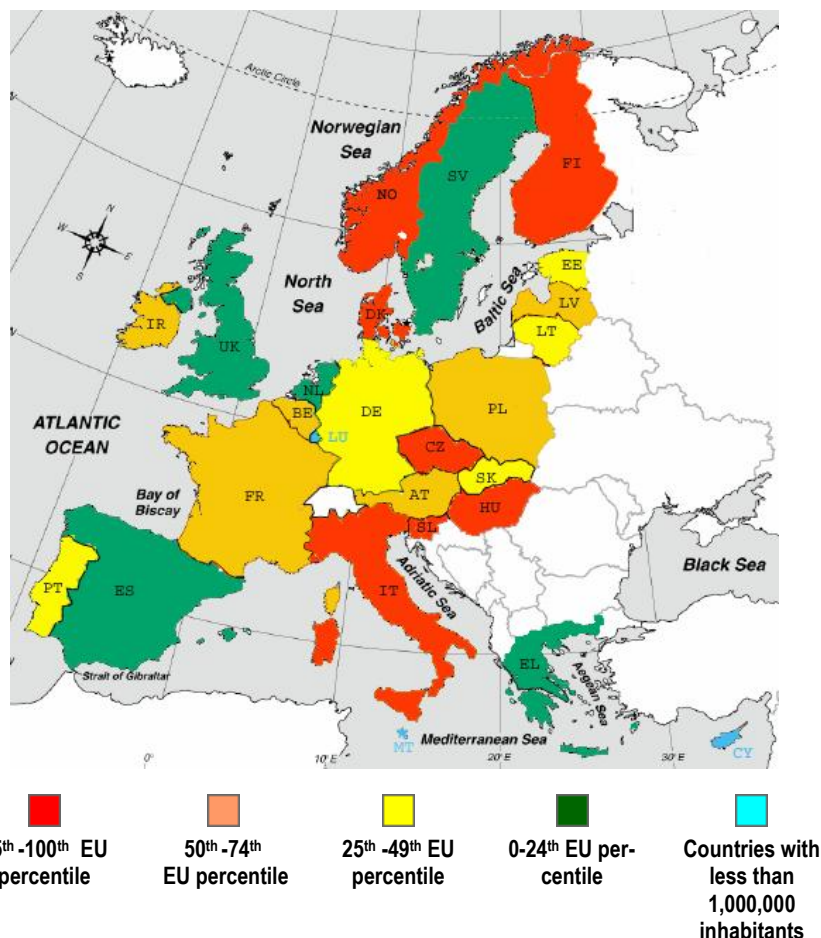
EU Member State Representatives recently gathered in Brussels for the High Level Group on EU Road Safety. On this occasion the European Transport Safety Council (ETSC) called for representatives to press for EU action to tackle the increasing problem posed by non-resident traffic offenders "As cross-border traffic volume increases more must be done urgently to see that traffic rules are applied equally to all EU nationals as they travel", stresses ETSC's Executive Director Jörg Beckmann.

The enforcement of rules covering speeding, drink driving and the use of seat belts alone can help prevent 14,000 fatalities by 2010, according to Commission estimates. This has been recognised at an EU level with the adoption of the EC Recommendation on Traffic Law Enforcement. Yet, lack of compliance with traffic law by non-resident drivers remains a particularly serious problem in important transit countries such as France and Germany. As shown in ETSC's fact sheet on Cross-Border Enforcement about 25% of violations detected by speed cameras in France are committed by vehicles registered outside the country.

Currently bi-lateral co-operation agreements exist but are mostly unable to tackle the complex problems posed by cross-border enforcement of traffic law. Member States follow up offences, carrying both financial penalties and driving restrictions, in a piecemeal and often resource intensive manner. Yet in the case of financial penalties, both the legal basis for EU legislation and the necessary frameworks for information exchange exist. Furthermore VERA 2, a Commission funded study, recommended that a European Directive be prepared to facilitate crossborder enforcement of financial penalties in the EU-25. According to Transport Commissioner Barrot, Member States asked the Commission to "grab the bull by the horns" and propose further initiatives at EU level on road safety. "In the particular field of cross-border enforcement Member States need legislation proposing a workable EU wide approach. Only then will drivers respect traffic law in whichever EU country they are driving" says MEP Ewa Hedkvist-Petersen.

For more information please contact E. Townsend: [programme@etsc.be](mailto:programme@etsc.be), Tel.:+32 2 230 4106 or visit [www.etsc.be](http://www.etsc.be).

**Map: Mortality Rate due to Fall Injuries (circa 2001) among Elderly (65+ years) in the EU-25 and the participating EFTA-EEA country (Norway)**



(Source of data: WHO mortality database adjusted for EUNESE by EUNESE Greek project team: Petridou Eleni, Yiouli Grigoriou, Stavroula Dikaloti, Nick Dessypris, Yannis Matzavakis, Agis Terzidis)

As clearly shown on the map, falls are a major element of injury mortality among senior citizens in several European countries, namely Czech Republic, Denmark, Finland, Norway, Slovenia and Italy whereas Spain, Greece, Netherlands, Sweden and United Kingdom seem to have relative low rates.

Deaths due to falls may have several causal components including state of osteoporosis linked to climatic and nutritional conditions, quality of housing and mobility patterns. Quality of health care is also an important factor that can dissociate morbidity from mortality. Countries with advanced health care and welfare systems and countries with favourable climatic conditions seem to have relatively low rates from injuries due to falls. The evident diversity on the injury mortality rates among different countries reflects a challenge for injury prevention. Countries less advanced in preventing injuries among senior citizens can greatly reduce fall related deaths by following the example of countries with smaller mortality rates.

The multifactorial etiology of falls among the elderly suggests that prevention programs need to target multiple objectives. Efforts should concentrate on risk factors such as prevention of osteoporosis, housing modifications, pertinent health education and integration of health and social care facilities focusing on the needs and demands of the senior citizens.

EUNESE aims not only to act as a platform for the exchange of information and expertise between health practitioners, but also to take a proactive approach in order to reach both the public and policymakers and ensure that the health of the elderly citizens is put at the centre of Europe's political agenda.

For more information on the EUNESE project please contact [epetrid@med.uoa.gr](mailto:epetrid@med.uoa.gr)

## Towards a common methodology for risk assessment

On the 21-22 April ECOSA held its European conference on Risk Assessment in consumer safety in Edinburgh. The conference was well attended by over one hundred and twenty delegates from the EU and EEA member states, North America and Australia.

In his opening speech, the Director General for Health and Consumer Protection of the European Commission, Mr. Robert Madelin underlined the need for ensuring a coherent use of risk assessment across the wide range of sectors which also serves the needs of many different actors. Science based risk assessment is essential, however, the assessment approaches of the various EC-scientific committees are far from being consistent. Another problem identified by Mr. Madelin was the lack of an appropriate knowledge base for assessment: in the EU there is still too little systematic data available on accidents related to products and services.



*Bernardo Delogu, Gene Rider, Ron Gainsford, David Hawtin and Dirk van Aken*

The conference concluded that risk assessment is well rooted in the EU policy-making approach. However, there are still many problems to address: robust and consistent assessment practices will be necessary to develop and apply effective consumer safety policies. A first step will be taken by agreeing on the critical elements to be included in risk assessment, their definition in universally acceptable terms and the quantitative and qualitative parameters that are connected to these elements.



*The conference participants*

For both the quantitative and qualitative risk assessment one has to take the levels of uncertainty related to the data included in the process into consideration, as well as the various segments of the population to which it

## FOCUS on elderly safety part 2

*Janice Cave, Royal Society for the Prevention of Accidents, UK*

Among injuries, falls, road accidents and fires are the principal killers of old people. So what can be done about them?

Falls are a major problem and have many causes such as medication, failing faculties, poor environment, and lack of exercise or osteoporosis.

There is evidence that some tailored home exercise programmes reduce falls in women over 80. Home assessments for individuals can reduce the risk of falls. Fitting hand rails is particularly beneficial. Many areas in the UK now run schemes where minor home improvements and repairs can be made at low cost. Grab rails are most popular usually by external doors but sometimes to offer support while showering.

Hip protectors can help reduce fractures among older people in high risk populations in nursing homes. There are a variety of treatments which can help reduce the effects of osteoporosis. Physical activity alone can help reduce the risk of osteoporosis in older women.

On the roads there are a number of problems for older people. Many are at risk of falling on poor pavements. In areas of high population of older people it is beneficial to improve the quality of the walking surfaces. Traffic calming, low speed limits, pedestrianised areas and reduced kerb heights help protect pedestrians.



*An accident waiting to happen*

Drivers can help themselves by keeping fit so that they can turn easily to look all around them, using seatbelts and not drinking and driving. Good enforcement of drink drive laws protects all road users. Vision testing is also important. The use of automatic transmission in cars helps older drivers.

On the fire front significant improvements are being made in the UK by the fire services who visit older people and fit 10 year smoke alarms in their homes. There has just been a major campaign to target 200,000 vulnerable older people and provide them with smoke alarms in London.

There were 31 fire deaths in London of people aged over 60 in 2003/04. In 2004/5 the figure was almost halved to 17. It has been shown that simply giving people smoke alarms is not enough. The results are much better when the alarms are fitted. Battery smoke alarms tend to fall out of use when people use the batteries for other purposes so the 10 year sealed battery or hard wired systems are more effective.

Another source of fire among older people is the electric blanket. Many areas operate electric blanket checking schemes with low cost replacements on offer. Fires usually start in blankets over 10 years old. Some people bring in blankets which are more than 25 years old and are surprisingly proud of the fact their blanket is still going, oblivious to the hazards it poses. All blankets over 10 years old should be replaced.

### Electric blanket fires in the UK halved between 1997 and 2003 following intensive publicity campaigns

Electric blanket fires in the UK halved between 1997 and 2003 following intensive publicity campaigns.

There is comprehensive information on what works and what needs to be done in the evidence briefing from the Health Development Agency which is available on:

[http://www.hda-online.org.uk/documents/prev\\_accidental\\_injury.pdf](http://www.hda-online.org.uk/documents/prev_accidental_injury.pdf)

<http://www.health.gov.au/pubhlth/strateg/injury/index.htm>

<http://www.profane.eu.org>

<http://www.euro.who.int/hen/syntheses>

<http://www.laterlifetraining.co.uk>

<http://www.rospa.com>

refers: nothing is absolute. Therefore, the art of risk communication is as important as that of risk assessment.

On the basis of the conference an ECOSA working party will be established to develop a common nomenclature for risk assessors and a more standardised framework for the actual risk assessment process. It will encourage the application of the framework and the development of tools that are applicable in more specific sectors or product categories.

More information:

<http://www.ecosa.org>

### Basic Safety Training is Now Available in a City Near You

In Product Safety, knowledge is power. The more you know or can learn, the more you can apply to your product, and the greater your advantage in the marketplace. Essential safety knowledge can fundamentally transform your business. As the world's leading safety consulting company, RAM is offering the opportunity to attend their exclusive Product Safety Training Program.

This program addresses the key issues involved with integrating safety into your business process without interruption. Presented by leading experts in various fields of safety, including international safety attorneys and product testing authorities, the RAM Product Safety Training program is directed toward anyone involved in the safety business process from concept, design, quality and product engineering through to manufacturing and distribution. The "hands on" instruction is designed to help you realize the competitive advantages of essential safety.

The next RAM Product Safety Training courses in Europe are being offered in London, UK and in Brussels, Belgium

For more information please visit [www.ramestraining.com](http://www.ramestraining.com) or contact Ms. Joanna Foskett directly at [Joanna.foskett@ram.com](mailto:Joanna.foskett@ram.com).

### Consumer Satisfaction Indicators

In 2003, the European Commission launched a call for tender on "The development of consumer satisfaction indicators; pilot survey on consumer satisfaction". The work was finalised at the beginning of 2005 and the report is now available at:

[http://europa.eu.int/comm/consumers/topics/consumer\\_satisfaction\\_final\\_report.en.pdf](http://europa.eu.int/comm/consumers/topics/consumer_satisfaction_final_report.en.pdf)

## INTERVIEW with Commissioner Kyprianou

*Mr Kyprianou is the European Commissioner for Health and Consumer Protection. The Secretariat of the WP-AI recently asked him the following questions:*

**Question:** Commissioner Kyprianou, we would like to congratulate you and wish you every success in your term as designated Commissioner for Health and Consumer protection.

You have emphasized the importance of health, as a "long-term benefit for a competitive economy" and the fact that "Europe must aim for action on health that provides benefit to the individual and thus to EU prosperity". Will a policy on injury control and safety promotion be a part of your priorities for your term?

**Answer:** Although the European Union is currently the safest geographical area in the world, there is still potential to reduce the too high number of accidents and injuries in our Member States. Every year, 240,000 European citizens lose their lives from intentional and unintentional injuries. Furthermore, the number of those people who were injured in an accident and survived disabled surpasses several times the number of people killed. Young and elderly people belong to the most vulnerable population groups. For young people up to the age of 45, injuries are the number one killer and 40 % of injury deaths occur among elderly people.

These victims represent an unacceptable burden for families, for the national health care and social welfare systems and for societies as a whole. There is already sufficient evidence that injuries are preventable. Therefore, the Commission intends to respond to these challenges by developing and promoting a framework for action in 2006 with a view to significantly driving down the toll of premature mortality from injuries, to lowering the number of hospital admissions and to reducing or limiting the costs of treatment of injuries and associated costs in all Member States.

Through these actions, the Commission intends to realise the slogan: "health generates wealth". Therefore, injury prevention will play a major role within the Public Health Programme in the future.

**Question:** The professional community has already taken important steps in injury prevention and specific policy recommendations are introduced in European and international fora as being effective to promote safety and injury control in the European Union. A first pre-conference aiming to assist the New Member States to be smoothly integrated in this effort will be held later this year (on 29 September - 1 October) in Eretria, Greece. What is your view on the role of the professional community in supporting the Commission in the development and promotion of its framework for action in injury prevention?

**Answer:** The Commission has significantly supported the development of integrated European networks and a close co-operation of practitioners, experts and other relevant stakeholders under the former Public Health Programmes and the current one. The reason for this was to promote an exchange of knowledge, best practices and experiences in all fields of injury prevention and safety promotion with a view to successfully meet the present and future challenges in the area of accidents and injuries. Two major networks, one focusing on prevention of injuries among young people (European Child Safety Alliance) and the second among the elderly people (European Network for Safety among Elderly) are currently supported by the Commission under the Public Health Programme.

The Commission always welcomes initiatives to set up European events such as conferences, seminars and workshops where all stakeholders can find a platform for brainstorming and developing practical approaches in injury prevention with a view to putting the framework for action into practice in all Member States.

The Commission is delighted to see that the existing networks in injury prevention are already making enormous efforts to share their knowledge and experiences with the ten new Member States by using funds of the Public Health Programme. This ensures that all Member States will have equal opportunities in implementing concrete action in injury prevention and safety promotion. I would like to wish this specific event in Athens a lot of success.

**Question:** It is a fact that there are discrepancies in mortality rates, most of them determined by the disparities in the burden of injuries among different EU countries or social groups in each Member States. What is your opinion on

## NATIONAL NEWS

### Portugal implements National Action Plan for Injury Prevention

The Portuguese Ministry of Health and the Directorate-General of Health have decided to implement a National Action Plan for Injury Prevention (NAPYP) for 2005 to 2010. This is in accordance with the National Health Action Plan for 2004 to 2010 which listed injury prevention as a priority area.

The NAPYP will build upon the already existing improvements in preventing accidents and injuries. For example, in the last 10 years road accidents have been reduced by 51%. In other areas such as home, leisure and occupational safety, reductions have also been recorded. However, the mortality rate and the number of injuries resulting from accidents remains too high. This is the reason why the NAPYP is being implemented to tackle this huge public health problem more effectively.

The NAPYP wants to improve the daily practices in the fields of safety promotion, injury prevention, collecting, analysing and disseminating data, acute care and rehabilitation. Another goal is also to provide support to victims of accidents and their families during all of the rehabilitation process.

The NAPYP is also an important tool in developing awareness of accidents and injuries as a major public health problem among health professionals and related parties. This should, in turn, stimulate further work in the field of safety promotion and injury prevention. National policies will be further enhanced by working together with other countries, namely in European working groups and collaborative projects.

*For more information please contact Pedro Ribeiro da Silva:*

[Pedros@dgsaude.min-saude.pt](mailto:Pedros@dgsaude.min-saude.pt)

### Spanish Ministry of Health and Consumer Affairs hosts the annual meeting of the European Child Safety Alliance

The agenda of the meeting focused mainly on the revision of the status report and analysis of the Alliances' future work strategies. Participants also assessed the campaign on the prevention of drowning and planned the steps needed to develop the forthcoming campaign on the prevention of accidents among children in the home. In relation to these developments, the Ministry of Health plans

the emerging need to establish education and training systems for injury prevention in the EU aiming to harmonise the level of safety in terms of injuries and accidents?

**Answer:** The cultural diversity and the picturesque landscape of the EU Member States make it an attractive destination for millions of tourists every year. Accidents and injuries are more common among those who are involved in unfamiliar activities or those who practice activities in surroundings which they are not used to. In order to protect the health of these people, it is vital to inform and train European citizens in basic injury prevention and safety promotion principles. A more detailed professional training is needed for health practitioners in order to facilitate the dissemination of information to their respective counterparts and support the implementation of the framework for action in injury prevention on a regional and local level.

This is the reason why the Commission has already supported training activities in the past under the former Action Programmes in Public Health. Under the current Public Health Programme the Commission intends to develop training modules for health practitioners with a view to raising awareness of injury prevention in all Member States of the EU.

**Question:** Injury control and safety promotion are interlinked with a safe environment. Mainstreaming injury control and safety promotion in urban planning constitutes an important measure for the well being of European citizens. Do you think that relevant policies geared by other DG's of the Commission could be directed to promote such policies?

**Answer:** Safety within a human environment is a common goal of the Commission and all Member States. Any approach in this area concerns several different Community policies such as transport, employment and environment.

The most fatalities due to injuries occur in the Transport sector. About 50 % of all accidental fatalities are due to road traffic injuries. In order to reduce this high number of victims the Commission has adopted the European Road Safety Action Programme which primarily focuses on accidents with the involvement of a motor vehicle. For the protection of the health of vulnerable road users such as pedestrians, children at play, cyclists and handicapped people who are not covered by the Road Safety Action Programme, the Commission has initiated a report on how to best tackle this issue. A task force of the Working Party on Accidents and Injuries which was established under the Public Health Programme has developed an action plan focusing on vulnerable road users with a view to significantly reducing the high number of injuries in this group.

For the employment sector, there is the whole legislative framework to protect the safety and health of workers at work which was adopted by the Council and the European Parliament and is already implemented in the Member States of the EU. Under the Public Health Programme, the Commission still supports activities in the area of health promotion through the European Network for Workplace Health Promotion with a view to informing employees on healthier lifestyles and to improving working conditions.

For the environment sector, the Commission has adopted an Action Plan "Health and Environment" which foresees a close co-operation between these two Community policies and the services responsible.

**Question:** The progress of Information Technology (IT) and Telecommunications constitutes a feasible development of systems which could register and codify accident data by using portable computers in hospitals which could be subsequently inserted by wireless or conventional networks in central data bases. To what extent have IT solutions been adopted as possible measures for enhancing an information exchange in the framework of the public health policy in general and injury prevention especially?

**Answer:** For the Commission, Information Technology (IT) and Telecommunications are very important tools for collecting, analysing and disseminating information and knowledge. In the area of health this item is summarised under the term "ehealth" which is an essential part of the Public Health Programme. It is stressed that any measures and actions performed under the Public Health Programme should take account of the developments of new technologies and IT applications.

Therefore, I welcome your intention to use portable computers for collecting and coding of injury data in hospitals. In this way, you will facilitate and accelerate the survey. Furthermore, you will be able to save much time so that the national data will be up-loaded more rapidly into the European Injury Database.

to publish a White Paper on Child Accidents later this year. The Paper will be drawn up by the Alliance.

In 2002, injuries from external causes resulted in the death of 15,931 Spaniards, the fifth leading cause of death in the Spanish population as a whole. This highly relevant overall ranking is even more significant from the standpoint of the age distribution of victims, since injuries from external causes represented the number one cause of death in the 1 to 18 years age group.

With regard to accidents in the home, the latest study by the National Consumer Affairs Institute reveals that in 2003, 4.58 out of every 100 persons were victims of a domestic or leisure accident. 37.63% of accidents reported involved the under-24 age group (30.3% for girls and 47.3% for boys).

The most frequent accidents were caused by falls, shocks, crushing and cuts, and the indoor home environment proves to be the most frequent place of accidents for children under age 4, followed by play areas. The school becomes a more frequent place of accidents among the 5-14 age group.

For more information:  
<http://www.childsafetyeurope.org>

### Country roads pose major threat to children

The dangers facing children on UK rural roads were recently highlighted as the Royal Society for the Prevention of Accidents launched a new lesson guide to help teachers to combat the problem.

Children involved in road accidents in the countryside were much more likely to be killed or seriously injured than those hurt in towns, RoSPA said.

Concerns are so great that the Department for Transport provided funding for the Society to develop and publish Rural Road Safety: A Resource for Key Stages 1 & 2. It aims to help children aged 4 to 11 be safer on rural roads by including road safety messages in lessons such as Maths, English, Geography, Personal Social and Health Education and Information and Communication Technology.

Previously, road safety education resources have concentrated heavily on the urban environment, but it has been recognised that children from rural communities need different skills to cope with country roads.

In 2003, almost a quarter of child pedestrians involved in an accident on

# Preventing Farm Injuries

## A neglected area of public health

Epidemiological data clearly indicate that farming is one of the most hazardous occupational activities.

Farm settings, however, include many "hidden" dangers for people living or visiting them (e.g. machinery, animals), although the available data on this topic remain scarce. The fact that the agriculture sector is declining in the EU during the last few decades, may partially explain the fact that, so far, there are no adequate investments in the research and prevention of farm injuries. The enlargement of the EU after the inclusion of the New Member States, which base a significant part of their economy in agriculture, has increased the role of this sector in the EU economy.

Analyzing the scale and the scope of farm injuries in several EU countries was one of the main goals of the EU supported project 'The Magnitude and Spectrum of Farm Injuries in the European Countries'. This project was run by the Greek Center for Research and Prevention of Injuries (CEREPI), Department of Epidemiology, Medical School, Athens University and was finalised and published in 2004. This project is the first one aiming to assess the potential of the former EHLASS system, currently called the Injury Database- IDB. More specifically, it aimed to capture a sizeable fraction of farm injuries, providing an opportunity to explore the magnitude and dimensions of this public health problem, identify potential risk factors and vulnerable population groups, and finally propose prevention measures. Additionally, the Greek coordinating team exploited the available data from EUROSTAT concerning farm occupational injuries, in order to have a more thorough scientific approach to the problem.

### Specific findings of the project

During the project an extensive literature review was carried out which revealed the following additional potential risk factors such as gender, age, health condition, educational level and prior experience of the farmer, the size of the farm, breeding animals and working long hours.

This project has shown that the Injury Data Base (IDB) has proved effective in capturing farm leisure injuries in all participating EU countries. The patterns of these injuries follow the model of farming activities characteristic for each country, a fact that brings evidence about the high quality of IDB and raises important challenges for injury prevention. (e.g. in Greece a significant proportion of farm injuries are due to falls from height, a fact that reflects the extensive cultivation and exploitation of olive and fructiferous trees in this country). Falls, however, constitute the main injury mechanism and frequently result in traumas of high severity, such as concussions and fractures and the need for more



Harvesting olives can be a perilous task

extensive therapeutical procedures. It is interesting, and also important, to note that the severity of farm injuries is higher than those recorded in other home and leisure injuries. Children and adults living or visiting farms are exposed to different hazards, such as sharp instruments and farm animals.

In order to eliminate misclassification of farm injuries during home and leisure time uniform high quality coding systems should be used at EU level,

rural roads were killed or seriously injured compared with fewer than a fifth in towns. Injuries to child cyclists on rural roads have also been shown to be more severe. And 65 per cent of child casualties on rural roads are car passengers, whereas only 30 per cent on town roads are in cars.

Linda Morrison Allsopp, RoSPA Road Safety Project Manager said: "Drivers forget that children live and play in rural areas. Much higher speeds and bends and hills on many country roads reduce the distance that drivers can see ahead. This gives them less time to react and results in more severe impacts.

"Rural roads can be narrow and often have no pavements. Pedestrian casualties are more likely to occur when children are walking along the road rather than crossing it. Nearly twice as many children are hurt in the countryside when walking with their back to the traffic than when walking facing oncoming traffic.

"Although the higher speeds on rural roads increase the chance that a crash will be fatal, there is evidence that many country children are less likely to wear a seatbelt for every journey than those from towns.

"Children need education on the knowledge and skills they require to be safe road users in rural areas. The resource provides this."

The resource includes lesson plans, pupil files and facts and figures and has lessons on pedestrians, cycling, in-car safety, school trips and horse riding safety. It is being sent to schools and road safety officers and can be downloaded free from:  
<http://www.rosipa.com>.

### **Austria passes law on general product safety**

Austria has passed a law on general product safety (the equivalent of the European General Product Safety Directive) which includes a clause requiring financial support for consumer representation in standardisation. Specifically mentioned, is the Consumer Council at the Austrian Standards Institute. §24 of the law states that the Federal Minister for Social Security, Generations and Consumer Protection has to ensure an efficient independent representation of consumer interests in national and international standardisation, in particular, by financially supporting a suitable institution such as the Consumer Council at the Austrian Standards Institute.

Source: <http://www.anec.org>

which is also a necessary condition for studying and comparing data concerning farm injuries from different countries. Special emphasis should be given to the lack of appropriate morbidity data. Injury Database (former EHLASS, currently IDB) or other databases, which are relevant to prevention, should be further reinforced to strengthen their ability to rapidly capture the trends of a phenomenon, therefore, design and implement preventive measures accordingly.

### **What action needs to be taken to tackle farm injuries in Europe?**

At European level, recommendations should be given for implementing specific protocols and forms in medical settings for identifying and appropriately recording farm injuries. Equally, the quality of data on farm injuries during leisure time should be further improved. On the scientific front epidemiological research on farm injury and prevention should be encouraged and, finally, farm safety networks should be developed and implemented.

In addition, preventive strategies concerning targeting farm injuries should be promoted, focusing on the following:

- Exploitation of farm injury data provided by different data sources, to contour the epidemiological pattern of farm injuries in each setting
- Organization of National and EU campaigns focusing on the prevention of farm injuries
- Increasing the awareness of adults about the dangers that children face living on farms
- The emergency medical services system should be improved to provide the best possible emergency care, medical assessment, and access to tertiary care for farmers residing in rural areas
- Develop/adapt and apply guidelines for children working on farms
- Development of pediatric training programs concerning the importance of childhood and adolescent agricultural health and safety issues
- Evaluation of the effectiveness of existing farm injury prevention initiatives

The project's findings paint a very worrying picture of both the severity and the scale of farm injuries. In the former EU-15 the mortality rate is 13 per 100,000 farm workers, an alarming figure when compared to the mortality rates concerning motor vehicle accidents that accumulate to 11 deaths per 100,000 EU citizens. Whereas much more attention and funding have been dedicated to the diagnosis of rare diseases, such as Creutzfeld-Jacobs disease, based on their potential to become epidemic and their increase fatality, farm injuries that are most important both in terms of mortality and morbidity have been somehow neglected. Moreover, compared to other occupational accidents, the injury and fatality rate in agriculture, hunting and forestry is particularly high. Considering the startling morbidity and mortality rates among farm injuries it is clear that decision-makers, including both politicians and stakeholders, need to take prompt action to prevent injuries in this setting.

For the full report on this project please go to <http://www.euroipn.org>  
If you have specific questions please contact Dr. Eleni Petridou at:  
[epetrid@med.uoa.gr](mailto:epetrid@med.uoa.gr)

### **References**

- Linares D. Women and men in agriculture. A statistical look at family labour force. AGRICULTURE AND FISHERIES, THEME 5, 4/2003.
- Alexe DM, Petridou E, Dessypris N, Skenteris N, Trichopoulos D. Characteristics of farm injuries in Greece. J Agric Saf Health 2003;9: 233-40.
- Dupre D. Statistics in focus. POPULATION AND SOCIAL CONDITIONS. THEME 3-16/2001. Accidents at work in the EU, 1998-1999.

## WHO EUROPE UPDATE

*From the Violence and Injury Prevention Programme*

The Violence and Injury Prevention Programme of the WHO Regional Office commenced in October 2004. The team consists of Francesca Racioppi, Inge Baumgarten, Dinesh Sethi (VIP Technical officers) and Manuela Gallitto (VIP Administrative support). This article presents a short resume of recent activities and those planned for the forthcoming future.

### **1. "Injuries in the WHO European Region - burden, challenges and policy response"**

One of the current concerns of the VIP team is the consultation on the above policy paper, which will form the basis for a Resolution to be discussed by the WHO Regional Committee, the governing body of WHO/Europe that will meet in Bucharest, Romania, on 12-15 September 2005. For more information:

[http://www.euro.who.int/violenceinjury/20050427\\_1](http://www.euro.who.int/violenceinjury/20050427_1)

### **2. Road Safety**

Translation of the World Report on Road Traffic Injury Prevention into Russian led to launches in Russian speaking countries.

#### **2.1 Launch of the WHO World and European Report on Road Traffic Injury Prevention in Russian Federation (28 February 2005)**

Approximately 100 people gathered at ITAR-TASS news agency in Moscow on 28 February to participate in the launch of the Russian edition of the World report on road traffic injury prevention, which was jointly organized by World Health Organization (WHO) and the World Bank. Road traffic injuries cause almost 36,000 deaths in the Russian Federation every year, nearly one third of the 127,000 such deaths in the European region. The Russian edition of the report includes additional evidence for Russian experts and policy-makers from different sectors. It also offers a list of actions that can be adapted to the Russian context. In the annual speech given by President Putin on 25 April 2005, the necessity to implement effective measures to reduce the burden of road traffic injuries was highlighted.

*(continued on p9)*

## MEMBER STATE in the spotlight

### **Developing state of the art research and prevention of falls in Poland**

*By K. Szczerbińska*

To date few studies on falls among the elderly have been carried out in Poland. The research that has been done has been undertaken in hospital departments, nursing homes and the community and covered different aspects of falls.

Most of the studies concerned the incidence of falls and the assessment of risk factors in different settings. It was found that falls occur among about 44% of hospitalised patients. This incidence did not differ very much among patients with different diseases. It seemed to be higher among patients with a very old age and suffering from diseases of the circulatory and respiratory system. In another study, the incidence of falls among patients admitted to psycho-geriatric wards was lower.

In some cases, the results of studies concerning falls incidence considerably differ. The incidence of falls among the elderly living in the community was found to be higher among women and it reached 58.3% among people living in rural areas and 31.9% in the cities. A different study showed that the incidence of falls is about 30-40% in the community-dwelling elderly, and 60% among residents of nursing homes.

In addition, several studies concerning the description of risk factors of falls have been carried out as well as studies describing the consequences of falls. Different strategies of falls prevention among the elderly were also discussed in the literature, but only a few studies were focused on rehabilitation programmes.

In Poland, a complex programme containing all elements of the prevention of falls among the elderly still needs to be rendered. That is why the EUNESE project (European Network for Safety Among the Elderly project in the frame of the European Public Health Programme) gives a chance to build a prototype of prevention strategy, which will be implemented in nursing homes. The start of the project is planned in May 2005 and the results will be announced in the future.

Another international project concerning falls prevention, ProFaNe, is now held in the EU 5<sup>th</sup> Frame Project (Prevention of Falls Network Europe). This is a thematic network aimed at introducing good practice in effective falls prevention across Europe. The Polish team cooperates in the work group focused on taxonomy and the classification of fall events. Activities in this project are focused on the consensus definitions of taxonomy and the coordination of intervention studies, that are expected to show what works to prevent falls among older persons.

It is hoped that such developments recently initiated in Poland will result in a better understanding of the reasons of falls in Polish institutions and will lead to the elaboration of an effective prevention strategy.

#### *References*

1. Walczewska J., Skalska A., Ocetkiewicz T.: Assessment of falls history, age and Health status in the group hospitalized patients. *Gerontologia Polska*, 2003, 11 (2): 84-88
2. Borzym A.: Frequency of falls among elderly psychogeriatric inpatients. *Postępy Psychiatrii I Neurologii* 2003, 12(1): 55-60.
3. Wojszel B., Bień B.: The giants of geriatrics in the community dwelling elderly – the challenge for primary health care. *Przegląd Lekarski* 2002, 59(4/5):216-221.
4. Wojszel B., Bień B.: The giants of geriatrics. *Medycyna Rodzinna* 2001, 4 (2):83-86.

*For more informtion please contact K. Szczerbińska:*

[mxszczer@cyf-kr.edu.pl](mailto:mxszczer@cyf-kr.edu.pl)

## 2.2 Launch of the WHO World and European Report on Road Traffic Injury Prevention in Turkmenistan (29-30 April 2005)

The event was organized in close cooperation with the WHO Liaison Office in Turkmenistan and the Ministry of Health, who facilitated the involvement and participation of more than 70 representatives from all the relevant sectors and departments (the health sector, road police, transport, education, interiors, and the Red Crescent). The launch, supported by the Academy for Educational Development (AED) and USAID, received high media coverage.

### 3. Violence Prevention

PREVENT: The April issue of the newsletter of the Global Campaign for violence prevention is online.

This issue illustrates the scope of violence prevention around the world, featuring activities in Africa, the Americas, Europe, South East Asia and the Western Pacific. It also gives updates on new and ongoing international efforts, such as the Child Injury Meeting, the UN Secretary-Generals Study on Violence against Children and updates on the Violence Prevention Alliance.

[http://www.who.int/violence\\_injury\\_prevention/](http://www.who.int/violence_injury_prevention/)

### 4. Violent Britain: People, prevention and public health – a report on the staggering costs and consequences of violence.

The report, bringing together UK information on youth violence, intimate partner violence, child maltreatment, elder abuse and sexual violence, aims to promote a public health approach to violence by focusing the attention of health, education, judicial and other public sector agencies on violence prevention. It was launched on the occasion of a national conference on preventing violence held on 10-11 March 2005, supported by the World Health Organization and by several UK institutions and agencies.

[http://www.who.int/violence\\_injury\\_prevention/media/news/21\\_03\\_2005/en/](http://www.who.int/violence_injury_prevention/media/news/21_03_2005/en/)

The VIP programme publishes an electronic bimonthly newsletter. Should you wish to receive this or have any requests for further information, please contact us on: [violenceinjury@ecr.euro.who.int](mailto:violenceinjury@ecr.euro.who.int).

# TOWARDS A SAFER EUROPE

## Time for Action

by the WP-AI Secretariat

It is a great pleasure to invite you to the **Pre-event of the First European Conference on Injury Prevention and Safety Promotion**. This event will be held at the Malaconda Hotel, in Eretria, Greece from September 29 to October 1, 2005. The Working Party on Accidents and Injuries (WP-AI) is delighted to be hosting this event in collaboration with DG SANCO of the European Commission and with the co-sponsorship of the World Health Organisation Regional Office for Europe. This conference will also be the pre-event of the First European Conference on Injury Prevention and Safety Promotion, to be convened in 2006.

## Aim of the Pre-event

The key aim of the conference is to enhance and strengthen the active participation of the new Member States (MS) and candidate countries (Bulgaria, Romania, Turkey and Croatia) towards the reduction of injuries in view of the First European Conference on Injury Prevention and Safety Promotion. In addition, it will provide a platform for exchange and discussion on injury prevention actions initiated over the years by the Commission, WP-AI experts and other relevant organisations as well as encourage ongoing cooperation between all EU Member States, EFTA-EEA countries (Iceland, Liechtenstein and Norway) and interested stakeholders.

The Pre-event seeks to attract a European audience spanning a wide spectrum of disciplines and interests in Injury Prevention and Safety Promotion and will focus on three major pillars in injury prevention: **1) Towards developing information systems on injuries; 2) Addressing the top priority areas in injuries; 3) Implementing prevention strategies in Member States.** The scientific programme of this event will offer participants innovative topics with plenary sessions, workshops, oral presentations and poster sessions

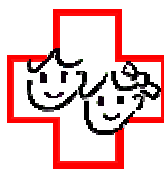
## Vision and Priorities of the WP-AI

The vision of the Working Party on Accidents and Injuries is: To reduce all types of injuries year upon year to ensure that the EU is a safe place. To achieve this all MS need to acknowledge the problem and place it on their political agenda. In addition, they need to ensure that the key principles will be incorporated into their national injury prevention strategic plans. This event provides an opportunity for all to work together towards this common goal.

The Working Party carries out injury prevention concerted actions, in the framework of the Public Health Programme (2003-2008) of the Commission, in line with the strategic document "Actions for a Safer Europe", which will be presented during the conference.

We look forward to your participation in what promises to be an exciting and invaluable event for preparing the grounds to the first European Conference and to meeting you in Greece during the warm month of September.

For further information and registration (available after **June 1<sup>st</sup>**), please visit: [http://www.cc.uoa.gr/health/socmed/hygien/pre\\_event/](http://www.cc.uoa.gr/health/socmed/hygien/pre_event/) or contact: [preevent@med.uoa.gr](mailto:preevent@med.uoa.gr)



CEREPRi  
Center for Research &  
Prevention of Injuries



University  
of Athens



Hellenic Society  
for Social  
Pediatrics and  
Health Promotion

# EVENTS

## WP-AI Meeting

To be confirmed

### 2005

30-31 May, Espoo, Finland

#### **Youth and Work Culture 2005 Finnish Institute of Occupational Health**

Tel.: +358 9 4747 2608

E-mail: [ywculture@ttl.fi](mailto:ywculture@ttl.fi)

Web: [www.ttl.fi/ywculture](http://www.ttl.fi/ywculture)

1-3 June, Hannover, Germany

#### **ITS at the crossroads of European Transport**

Tel: +44 (0) 20 7973 4603

Fax: +44 (0) 20 7233 5054

E-mail: [k.underdown@hgluk.com](mailto:k.underdown@hgluk.com)

Web: <http://www.itsineurope.com/>

2 June, Copenhagen, Denmark

#### **ETSC's 7<sup>th</sup> European Transport Safety Lecture**

E-mail: [information@etsc.be](mailto:information@etsc.be)

Web: <http://www.etsc.be>

9-11 June, Budapest, Hungary

#### **'New challenges of Environmental Health'**

Meeting of the Central and Eastern European chapter of ISEE

Contact: Dr. Anna Paldy

Tel/Fax: +36 1 476 1215

E-mail: [paldya@okk.antsz](mailto:paldya@okk.antsz)

June 13-15, Bergen, Norway

#### **14th International Conference on Safe Communities**

E-mail: [camilla.indrearne@vesta.no](mailto:camilla.indrearne@vesta.no)

Web: <http://www.safebergen.com>

June 14, Bergen, Norway

#### **European Safe Community Network Meeting**

E-mail: [rahim@safecommunity.net](mailto:rahim@safecommunity.net)

Web: [www.safecommunity.net/ESCON](http://www.safecommunity.net/ESCON)

21-23 June 2005, Brighton, UK

#### **Trading Standards Institute Conference and Exhibition**

Conf. organiser: Crescent Events

Tel.: +44 870 872 9040

E-mail: [conference@tsi.org.uk](mailto:conference@tsi.org.uk)

Web: <http://www.tsi.org.uk>

June 23-25, Oslo, Norway

#### **1st World Congress on Sports Injury Prevention**

Web: [www.ostrc.no/congress2005](http://www.ostrc.no/congress2005)

August 24-26, Delft, The Netherlands  
**Childstreet 2005<sup>™</sup> -The International Institute for the Urban Environment and the Network of Child Friendly Cities<sup>™</sup>**

Web: [www.urban.nl/childstreet2005](http://www.urban.nl/childstreet2005)

E-mail: [childstreet2005@urban.nl](mailto:childstreet2005@urban.nl)

14-16 September

#### **The 1st Safe Community Conference on Injury Surveillance**

E-mail: [jon-andreas.jenssen@trondheim.kommune.no](mailto:jon-andreas.jenssen@trondheim.kommune.no)

[@trondheim.kommune.no](mailto:jon-andreas.jenssen@trondheim.kommune.no)

Web: <http://www.trondheim.com/safecity>

28 September- 1 October, Eretria, Greece

#### **Pre-Event to the First European Conference on Injury Prevention and Safety Promotion Towards a Safer Europe: time for action**

E-mail: [sanast@med.uoa.gr](mailto:sanast@med.uoa.gr)

Web: [http://www.cc.uoa.gr/health/socmed/hygien/pre\\_event](http://www.cc.uoa.gr/health/socmed/hygien/pre_event)

4-7 October, Madrid, Spain

#### **Trafic**

E-mail: [trafic@ifema.es](mailto:trafic@ifema.es)

Tel: +34 9172 25790

23-27 October, Banff, Canada

#### **World conference on family violence: knowledge to practice to impact**

Web: <http://www.wcfv2005.com>

E-mail: [james.brown@gov.ab.ca](mailto:james.brown@gov.ab.ca)

November 6-8, Halifax, Canada

#### **Canadian Injury Prevention and Safety Promotion Conference**

*Evidence to Action: Injury, Violence and Suicide Prevention*

Tel.: +1 613 798 8029

E-mail: [purpledog@sympatico.ca](mailto:purpledog@sympatico.ca)

Web: <http://www.injurypreventionconference.ca>

November 9-11, Karlstad, Sweden

#### **6<sup>th</sup> Nordic Safe Communities Conference**

Conf. Secretariat: Janet Edwards

E-mail: [janet.edwards@srv.se](mailto:janet.edwards@srv.se)

Web: <http://www.raddningsverket.se/nssc>

### 2006

27-30 March, Torino, Italy

#### **XII International Winter Road Congress, PIARC**

E-mail: [piarc2006@congressiefiere.com](mailto:piarc2006@congressiefiere.com)

Website: [www.aijpcr2006.it](http://www.aijpcr2006.it)

1 April, Durban, South Africa

#### **6th International Conference on Measuring the Burden of Injury**

More information: Stephen Luchter

E-mail: [sluchter@earthlink.net](mailto:sluchter@earthlink.net)

2-5 April, Durban, South Africa

#### **8th World Conference on Injury Prevention and Safety Promotion**

Web: [safety2006.info](http://safety2006.info)

April 6-7, Cape Town, South Africa

#### **2nd International Seminar on Injury Research Methods**

Organised by ECOSA-Eurosafe & the Medical Research Council, Cape Town

More information: Saakje Mulder

E-mail: [s.mulder@consafe.nl](mailto:s.mulder@consafe.nl)

If you would like your event to be listed in the Agenda please contact [j.cooper@consafe.nl](mailto:j.cooper@consafe.nl)

#### **Working Party on Accidents and Injuries**

The WP-AI was established in 2003 under the guidelines laid out by the Council and the European Parliament and replaces the former Injury Prevention Programme (IPP). The aim of the WP-AI is to support public health activities that seek to reduce all accidents and injuries.

#### **Co-ordinating Secretariat (April 2004 to March 2006)**

Eleni Petridou, Project Leader and Stephanie Anast, Collaborator, Center for Research and Prevention of Injuries Medical School, University of Athens. For enquiries please contact Stephanie at [sanast@med.uoa.gr](mailto:sanast@med.uoa.gr).

#### **Newsletter Editorial Board**

E. Petridou, Medical School, University of Athens, Greece

E. Negri, Istituto di Ricerche Farmacologiche "Mario Negri",

O. Kalakouta, Ministry of Health, Cyprus,

B. Thelot, Institut de Veille Sanitaire

Yousif Rahim, Norwegian Safety Promotion Centre

#### **Editor & Design**

Justin Cooper: For editorial matters please contact Justin at: [j.cooper@consafe.nl](mailto:j.cooper@consafe.nl).