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► EuroSafe news

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

Project 'Safety in Sport' launched



The EuroSafe initiated project 'Safety in Sports' has been launched at the international conference on safety of sports, on 3-4 September in Magglingen, Switzerland. This project aims to share knowledge on the prevention of acute and overexertion injuries in Europe and to establish a sustainable European network of experts from science, sports clubs and sports associations as well as from other institutions that have a keen interest in preventing sports injuries.

It is evident that regular sports and physical activities are essential for keeping fit and for staying in good health. But, sporting also holds a risk of injury. Almost one in five medically treated injuries is related to sporting activities.

Fortunately, there are many possibilities to prevent sports injuries by making sports infrastructures and (protective) equipment safer, adapting rules of the game, and by training and coaching.

Given the European dimension of sports, it is important to share good practices in safe sporting between the many national and local associations and clubs engaged in sports and the promotion of physical activities. The project 'Safety in Sports' is therefore co-financed by the European Commission. The project results will be of interest for policy makers working in national and local government with a keen interest in promoting safe sporting, experts (coaches, physiotherapists, sports medicine specialists, sports scientists etc.) and representatives of sports associations (at national and local level) and other institutions (e.g. insurances, sports policy). The


project also will deliver toolkits in view of assisting coaches in integrating injury prevention within their regular training scheme.

In the first few years, the project 'Safety in Sports' will focus on two popular ball sports, i.e. on handball and basketball. In close collaboration with the EHF (European Handball Federation) and FIBA Europe (Fédération Internationale de Basketball), National Sports Associations and a network of experts, the project team works on:

- an up-to-date inventory of the burden of sports injuries with a view to highlight the importance of the issue.
- analyses of existing injury prevention measures in sports, especially in handball and basketball.
- consensus building on good practices in sports injury prevention and implementation strategies for handball and basketball with the help of invited experts.
- elaboration of toolkits consisting of media, such as templates for presentations and leaflets, for communicating with stakeholders and target groups in handball and basketball sports.
- testing of these toolkits in collaboration with EHF and FIBA Europe for handball and basketball as pilots in two national associations, respectively.
- elaboration of general guidelines on how to develop, implement and sustain safety management schemes in basketball and handball as well as in other team sports.

You are invited to register for being updated on latest news on safety in sports:
<http://www.safetyinsports.eu>

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Alcohol and Injuries

At the Expert meeting on Alcohol and Health, held 21-22 September 2009, EuroSafe presented the proposed Policy Statement on Alcohol and Injury, that it is preparing in collaboration with sixteen European non-governmental organisations. The expert meeting was organised by the Swedish Ministry of Health and Social Affairs in the framework of Sweden's Presidency of the EU.

By issuing a policy statement on Alcohol and Injury, the Network of European NGO's that are dedicated to injury prevention, want to endorse European policy initiatives aimed at reducing alcohol related harm to the health and wellbeing of European citizens. They also call upon Member States and the Commission to ensure co-ordinated alcohol reduction policies in collaboration with all relevant health and safety sectors as well as with nongovernmental organizations in order to effectively address this important risk factor to injuries and violence.

Alcohol consumption forms an integral part of modern culture. A large majority of those who consumes alcohol do so in moderation. However, the European region is the heaviest drinking region in the world, with an average consumption level of 11 litres of alcohol per adult per year. This is more than 2,5 times as much as the rest of the world. It is estimated that over 58 million adults in EU-25 (15%) drink at a risky level, while 23 million are dependent on alcohol.

Alcohol use is also associated with an increased risk of injury in a wide variety of settings and shown to be a significant contributory factor in the occurrence of: road traffic accidents (vehicles, bicycles, pedestrians); accidents at home (falls), in the workplace, and during recreational and sports activities; fires, and drowning; violence and suicide.

Over one quarter of all unintentional and intentional injury deaths are attributable to alcohol consumption in Europe.

There is a growing body of evidence to show that injury and violence prevention strategies are cost-effective and this is particularly true for strategies to reduce harm resulting from use of alcohol. Binding international trade agreements should not be seen as an impediment to ensuring safety related regulatory measures. These international commitments provide an opportunity for concerted policies and measures, as they explicitly give room for 'the adoption and enforcement of measures to protect human health'.

The Network of European NGO's urge the Commission and Member States to no longer to be consider as an ordinary commodity and to initiate regulatory measures that restrict the marketing and sale of alcohol within the EU-region. An EU-harmonised consumer information and labelling system for alcohol products, including warning messages such as 'do not drink when pregnant' and 'do not drink and drive', should make consumers more aware of the specific risks related to alcohol consumption.

Alcohol-free environments should be created in road traffic (e.g. no sale of alcohol at petrol stations), at work (through 'company alcohol policy'), in sports facilities and events ('alcohol free sporting') and in leisure activities (especially where children and young people are gathered). Safer drinking environments should be developed within communities, especially for young people, ranging from better town planning to more widespread use of plastic glasses in bars. Awareness raising campaigns of harm done by alcohol should be scaled up by informing and educating consumers as to high injury and death risk related to alcohol consumption.

The health sector should systematically collect information pertaining to alcohol use from all injured patients attending emergency units. This requires the inclusion of a special section recording alcohol involvement as a part of the standard surveillance form used in emergency departments

The health sector has much to offer, ranging from surveillance of alcohol-related injuries and violence to interventions by physicians, such as individual counselling of at-risk patients and recidivists.

The draft statement is currently in a consultation stage with the board members of individual Network partner organisations and will be issued in Autumn this year.

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► EU news

Critical report Court of Auditors on Public Health Programme



The Public Health Programme 2003–07 (PHP) aimed at complementing the measures taken by Member States to protect and improve

public health. It was structured around three programme strands: 'health information', rapid reaction to 'health threats' and health promotion through addressing 'health determinants'. During this period the programme awarded grants to consortia of organisations for the implementation of some 352 projects, the total Community contribution being approximately 232 million euro.

The Court recognises the European added value of the programme as it brought stakeholders from different countries together. PHP-projects generally had a European dimension and, in many cases, facilitated the sharing of experiences and mutual learning.

However the Courts also criticises PHP for its lack of strategic focus and limited project effectiveness:

- The PHP was set very broad and ambitious objectives that contrasted sharply with the limited means at its disposal. The intervention logic was at no point made explicit, which was not conducive to setting clear, meaningful and logically linked objectives and specifying appropriate performance indicators. As a result, the PHP lacked strategic focus.
- Since project proposers were invited to apply for funding under often very general headings, the multiplicity and diversity of project topics and target groups caused input to be diluted and led to fragmented results.
- Project effectiveness was hindered by design weaknesses and implementation problems. With few exceptions, projects did not define what results they intended to achieve, and therefore were unable to demonstrate that they had had any effect. Sustainability was often understood by participants as the continuation of project activities and was therefore heavily dependent on continued Community funding.

In view of its findings, the Court recommends that, where the current programme is

concerned, the number of annual priorities should be significantly reduced, and they should be focused on strategic topics and activities with an obvious European added value.

The Court recognises that the projects generally had a European dimension and, in many cases, facilitated the sharing of experiences and mutual learning. However, Article 152 of the EC Treaty gives the EU only limited competence for public health policy. Accordingly, the added value of EU activities in the field of health promotion lies above all in facilitating cooperation between the stakeholders in different Member States. Of the types of projects carried out under the PHP, networks most clearly address the need of actors in the field to share 'good practice', develop common standards and guidelines and exchange knowledge. However, the main implementation mechanism of the PHP (i.e. grants for actions awarded through calls for proposals) does not seem to be the most appropriate mechanism for funding such networks.

Therefore the Commission is being advised to fully exploit the existing PHP (2008–13) funding mechanisms for networks (i.e. operating grants) in the current programming period, since they are more suitable for networking activities than grants for actions.

More fundamentally, for the period after 2013 the Court advises the Commission to reconsider the EU's funding approach in the field of public health. Other cooperation mechanisms which exist, such as the 'open method of co-ordination', could be further developed.

In order to address the current imbalance between objectives and means, any successor programme should be assigned better-targeted programme objectives which are more in line with its budgetary means. The underlying intervention logic should be stated in an explicit manner, setting out specific, measurable, achievable, relevant and time-dependent objectives at policy and programme level, illustrating the links between them and defining indicators to measure their achievement.

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► FOCUS on Safety for seniors: Magnitude of fall injuries in an ageing Europe



Injuries due to falls among older persons are a major public health problem. It is estimated that in the EU-27 each year about 1.6 million older adults are admitted to a hospital after a fall incident. Each year, about 40,000 older people die due to a fall injury. Persons at high age are at highest risk for fatal falls: persons aged 80 and over have a 6-fold higher mortality compared to elderly 65-79 years, as they are not only more likely to fall but also more frail.

Fall injuries often have also serious social and psychological consequences. Recurrent falls are a common reason for admission to long-term care institutions. In addition, the loss of self-confidence to ambulate safely can result in self imposed limitations in mobility and social activities. This tendency further contributes to frailty and abnormal gait and in the long run

may actually increase the risk of falls.

Due to demographic changes, this problem will increase. In the EU-27 about 85 million persons are aged 65 and above. That number will increase to 151 million in 2060. The number of very old people, i.e. seniors aged 80 years and above is projected to increase from 22 million in 2008 to 61 million in 2060 in the EU.

Risk factors for falls

In general, *intrinsic* factors such as health deficits tend to reduce significantly the capability of older persons to control balance.

Among the intrinsic risk factors, muscle weakness and problems with balance and gait are identified as important risk factors for fall injuries (see Table).

Intrinsic risk factors for falls: summary based on 16 controlled studies

(ranked in order of impact)

1 Muscle weakness	5 Mobility limitation
2 Balance deficit	6 Cognitive impairment
3 Gait deficit	7 Impairment functional status
4 Visual deficit	8 Postural hypotension

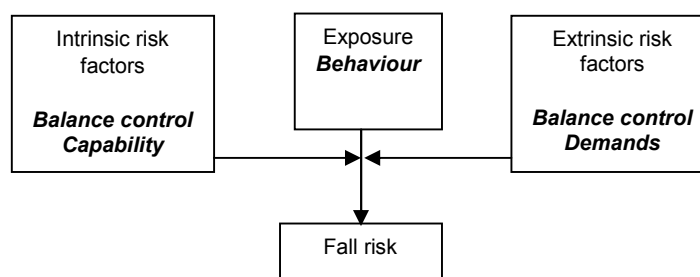
Environmental factors, also called *extrinsic* factors such as obstacles and slippery floors at home or in public, seem to have a limited role on the risk of falling among older people is limited. Nevertheless, these environmental factors determine the level of physical competencies required, in particular the so called 'balance control demands'.

An other important risk factor is related to the nature and level of physical activity, such as climbing stairs, walking in crowded areas, seniors want to engage themselves in. i.e. the

level older persons want to expose themselves to danger. Often older persons try to reduce falls risk by reducing levels of physical activity and through that their exposure to the risk of falling.

This leads to a presentation of main risk factors and determinants for fall injuries as in Figure. It should be noted that the role of exposure to injury risk is only recently being acknowledged and being addressed in fall research.

Main clusters of risk factors for falls (intrinsic, extrinsic) and the exposure to danger as a precondition for falls risk being >0 (Wijlhuizen, 2008)



What do we know about prevention?

Often a multifactorial approach is being promoted in preventing fall injuries, as a variety of risk factors are involved in fall incidents. However, a recently published study by Gates indicates that the benefit from multifactorial risk assessment and targeted interventions for falls might be much more limited than we expect. Multifaceted programmes lead, if any, only to small reductions in the number of falls among community dwelling older people and among those in care settings.

An important barrier to success is that many older persons strongly hesitate to participate in falls prevention programmes, even if they have had fallen recently. Refusal and non-adherence to falls prevention programs varies between 50% -90%.

Based on the identification of the main risk factors, which are related to muscle weakness and problems with balance and gait, many interventions were based on exercise. Sherrington concludes from a recent study that exercise can indeed prevent falls in older people, in particular exercises that challenge balance and use frequent exercise.

However, as most studies do not measure the levels of physical activities of the older persons participating in the research programme, we do not know if reported reductions in falls are due to the intervention or due to reduced physical activity in the intervention groups. In studies on falls prevention evaluation, changes in behaviour (physical activity) are generally not measured.

Implications for prevention

Although studies on effectiveness of exercise interventions indicate some promising directions, the high levels of refusal and non-adherence to these programs challenge success rates and sustainability of success.

Up to now, fall prevention programmes have been mainly focused on persons with a high risk of falling, i.e. persons that are generally quite old and frail, presenting often multiple chronic diseases, complex balance and mobility problems, and low levels of physical activity. These persons require a more complex multifaceted intervention, however often with limited results.

However, in falls prevention we should not wait with interventions until older persons start to fall, but need to intervene in an earlier stage by detecting emerging balance control difficulties in vital older adults and by focusing our inter-

ventions on these emerging balance and mobility problems.

The impact of this approach is wider than preventing falls only, as it also contributes to quality of life and increased opportunities for older persons to continue to fully participate in their community.

In order to draw more valid conclusions about the effectiveness of prevention programmes, the level of physical activity as a measure of exposure to hazards is an essential factor that should be included in estimation of the falls risk.

Research needs

Research on risk factors for falls should include a measure of exposure in the outcome measure, in order to correct the changes in injury incidence rates for changed levels of physical activity.

Research should also address factors that may contribute to enhanced involvement of older persons in programmes for balance control capability.

And finally we should better research the role of social norms or opinions about how to deal with balance control difficulties and the need for physical activity in older age, and identify effective incentives for changing these norms and opinions.

G.J. Wijnhuizen, MSc, PhD

Relevant sources:

Gates S, Lamb S, Fisher J, Cooke M, Carter Y. Multifactorial assessment and targeted intervention for preventing falls and injuries among older people in community and emergency care settings: systematic review and meta-analysis *BMJ* 2008

Sherrington C, Whitney JC, Lord SR, Herbert RD, Cumming RG, Close JC. Effective exercise for the prevention of falls: a systematic review and meta-analysis. *J Am Geriatr Soc.* 2008 Dec;56(12):2234-43

Sethi D, et al (2006) Injuries and violence in Europe. Why they matter and what can be done. Copenhagen, WHO Regional Office for Europe, (2006)

Wijnhuizen GJ. Physical activity and falls in older persons, 2008. <https://openaccess.leidenuniv.nl>

2009 Ageing Report: economic and budgetary projections for the EU-27 Member States (2008-2060)

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► INTERVIEW with Katarzyna Szczerbińska

Katarzyna Szczerbińska, assistant professor, Health Promotion Department, Institute of Public Health, Faculty of Health Sciences at the Jagiellonian University Medical College, Kraków, Poland.

How did you become involved in safety promotion for senior?

By profession I am a doctor specialized in internal diseases and geriatrics. I have started my first fellowship at Jagiellonian University Geriatric Department and for many years worked then in different health and social care settings for older people. During my professional life I have observed many older people encountering very difficult and dangerous situations. Being a doctor, I often treated consequences of deficiencies in safety, poor care or lack of community support. This experience convinced me that more efforts should be made to improve quality of life of older persons.

How did you succeed in getting injury prevention on the agenda of managers of nursing homes?

I spent a quite substantial part of my professional life in treating residents of nursing homes in Krakow. So I know very well the care system and the main problems residents and staff are facing. This experience helped me very much to present the issue of injury prevention properly to managers and the staff working in those settings. But as always, you must come across the right persons on the right time to be successful. Among these were two very energetic and open minded persons: Mrs. Jozefina Grodecka and Jolanta Chrzanowska - both directors of Municipal Social Welfare Center in Kraków. They organized meetings with managers of nursing homes who after the meeting became very eager to start falls prevention initiatives.

What approach do you recommend for increasing safety of older people in nursing homes? Is that approach applicable in other European countries?

I am truly convinced that implementation of the simple form to register each fall, even minor injuries, should be obligatory. We did a project in 8 nursing homes in Krakow and registered all, even incidents without physical injury. Nurses and care assistants learned immediately about risk factors for falls when they have to describe fall cases in the defined pattern - answering questions such as "what" (what type

of injury), "where" (in what place), "how it happened" (during what activity), and "what risk environmental and health factors were related to the fall incident. This enables them to prevent situations that are increasing the risk of falling. The other interesting conclusion of the project was that *all* nursing staff members should be involved into risk of falls assessment. The observation of residents during the 'timed up and go test' provides very valuable information about risk of falls and motivates professionals to implement some preventive measures immediately. This applies to all nursing setting, independent of the country in which you live.

What does this approach mean for interventions that are targeting the younger population of seniors?

Our project did not target older people in the community, but based on the literature there is no doubt that falls are more frequent among persons whose muscles are weak. Especially, weakness of the femur muscles is related to difficulties of standing up the chair. Therefore people at the age of 50 or more should definitely devote more time in training fitness and go for regular exercises. This is the best way to prevent frailty and injuries due to falls. The main question is now how to motivate people to start exercising and to sustain that good habit.

To what extent did your work benefit from European exchange on the issue of senior safety?

The senior safety is a typical public health issue that needs interdisciplinary approach. The cross-cultural exchange of solutions tested in different countries showed that we need put more attention to the culture in organizations and implementation challenges of preventive procedures. That means, we already have evidence based medicine, but still there are problems with implementation of it into practice. And we need to be aware that there are still quite some challenges in transferring well tested procedures in new settings.

What needs to be done in order to disseminate better current experiences and good practices?

First, education of different groups: clinical professionals (doctors, nurses, care-givers, physiotherapists etc.), managers, politicians, older people and society. In the nursing

homes, regular training and updating of knowledge and skills of professionals should be obligatory.

Safety should also be included as the obligatory quality of care indicator in the long term care settings.

What role you expect EuroSafe to play in promoting safety for senior persons?

During next decades we expect high growth of older population. In mass media, seniors usually are often presented as a burden for society. This is not fair, because thanks to better standard of life, older people are more healthy currently, able to work longer and still play valuable roles in the lives of others.

Therefore the priority goal for social policy today should be improving quality of life of older persons. One of the ways to improve it is keeping them fit. Increasing fitness of older people should be one of the main targets of EuroSafe, by promoting:

- recreational programs addressed to seniors to prevent frailty;
- increasing access to those services promoting financial support for less affluent older people; and
- making fitness a trendy issue for seniors.

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► Child safety

Conclusions of International seminar on 'Child Injury Prevention, Child Violence Prevention, Child Mental Health Promotion' held in Prague on 4-5 June



In the framework of the Czech Presidency of the Council of the EU, an international seminar on child injury prevention, child violence prevention, and child mental health promotion, with a focus on a common approach and strategy, was held in Prague on 4-5 June 2009.

The international conference was organised in particular for WHO EURO national coordinators for child injury and violence prevention and for experts at the local, regional, and national level in this area.

The first day of the seminar focused on child injury prevention. Injury data, preventive measures, and examples of best practice were presented from the perspective of WHO Euro, DG SANCO, Germany, and the Czech Republic. The first comprehensive analysis of the pilot project for the collection of injury data of the Brno University Hospital's 'National Child Injury Register' project was presented and the shaken baby syndrome issue was discussed. The seminar also included the official launch of the 'European Report on Child Injury Prevention' in CR, which summarises current injury data and recommends the following action points to be taken by the EU Member States.

The second day of the seminar focussed on child violence prevention and child mental health promotion. Child psychological development, child mental health and CNS structural changes, transgenerational transmission of violence, positive parenting, and child mental health promotion through mental hygiene were discussed at the seminar. German system of timely intervention and the Czech National Child Prevention Strategy for 2008-

2018 were presented.

All presentations will be summarised in the collection of abstracts from the seminar and will be available on www.mzcr.cz.

The conclusions and recommendations arising from the international seminar were summarised in the joint declaration and approved by all seminar participants in order to support their common effort to bring issues of child injury prevention and child violence prevention to the attention of the relevant stakeholders and public.

If child injuries and violence are preventable, society should do all it can to reduce the burden of injuries and to eradicate child violence in all its forms. It is necessary to be aware that child injury and violence are one of the biggest public health issues and that their main risk factors are socioeconomic factors. Injury prevention should be dealt within the framework of a common approach and strategy alongside child violence prevention and the promotion of child mental health and healthy lifestyle. The common denominator of these issues are similar risk factors, social aspects, and their preventability. The right of children to a healthy and safe environment should be respected and advocated for in day-to-day political practices and in the creation of concepts, policies, and strategies in all areas.

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DECLARATION FROM THE International Seminar on 'Child Injury Prevention, Child Violence Prevention and Child Mental Health Promotion', 4 - 5 June 2009

Prague, Czech Republic

The Convention on the Rights of the Child provides that one of the fundamental rights of children is the right to a healthy and safe environment, free from injury and violence. No form of violence against children is acceptable. The participants of the international seminar acknowledge that:

- injuries to children and violence against children rank among the most important public health problems and deserve due attention;
- the main risk factors for injuries to children and violence against children are socio-economic (e.g. poverty, poor housing conditions, unemployment, and alcohol);
- the common denominators of injuries to children, violence against children and the mental health of children are shared risk factors, social aspects and also their preventability, which are the subject of a common 'provision-protection-participation' approach and strategy.

In the field of the prevention of injuries to children and violence against children it is essential to actively promote the following:

- the development and implementation of national strategies and action plans for the prevention of injuries to children and violence against children with a view to achieving the maximum possible reduction in child mortality as a consequence of injury, stopping the increase in and reducing the incidence of injuries to children, especially serious injuries and injuries with permanent consequences, and eradicating violence against children in all its forms;
- improving the system of children's healthcare, focusing on the social aspects of health, early detection of violence against children and the availability of high-quality medical services;
- gathering and sharing valid data compatible within the EU and with existing EU Injury DataBase-IDB;
- transforming institutional care into children's centre-type facilities;
- promoting children's mental health and promoting healthy lifestyles;
- a positive approach to children's upbringing, building child-friendly families, schools and societies;
- prevention-related research, studies and projects, with results serving to reduce the gaps between science and policy;
- implementing best practices, sharing know-how and experiences;
- interdisciplinary and intersectoral cooperation at national, regional, and local level;
- endorsement of cooperation and exchange of good practices at the EU level, focusing on closer cooperation within the framework of the Visegrad Agreement and among new EU Member States;
- education and awareness-raising among the expert and lay public.

In the field of the prevention of injuries to children and violence against children it is essential:

- to respect and assert 'the best interests of children' in everyday political practice and to formulate suitable concepts, policies, and strategies in all areas;
- to widen the legal responsibility of parents, communities, regions, and the state in the health and safety of children;
- to pay due and constant attention to the issue of children's injuries prevention, violence against children and mental health promotion in particular in the relevant of the Member States' EU Presidencies;
- to implement the EU Council Recommendation on the Prevention of Injury and Promotion of Safety 2007.

European child home safety conference, November 2 - 3, 2009

RoSPA and the European Child Safety Alliance of EuroSafe have collaborated to present the first European conference devoted solely to child home safety, with a view to putting forward practical and effective solutions to this vital issue from across the continent.

The event will bring together the strong history of RoSPA's National Home Safety Congress and the Alliance's European Child Home Safety campaign. Delegate participation from across Europe is anticipated and a variety of

speakers from the UK and Europe will provide insight into the latest developments and ideas. Presentations include: putting policy into action, an overview of home safety policies across Europe, practical safety education examples, as well as the issue of child inequalities. There will also be workshops that address the themes of campaigning for home safety, multi-sectoral working, using varied educational approaches in home safety and product safety challenges. A complete programme is available at www.childsafetyeurope.org

Alliance Fall Steering Committee, November 4, 2009

To follow the home safety Conference, the European Child Safety Alliance will host its fall steering committee meeting in Birmingham with up to 32 country partners participating. Over the past 6 months discussions and review has occurred to draft the next business plan for the Alliance's work in the area of child safety.

Approval of the Alliance's ext 5 year business plan will take place during this meeting that will set the direction for our next set of activities.

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► Consumer safety

A 'better deal for consumer' in the UK

The UK government is taking steps to reshape its consumer policy and a white paper called 'A Better Deal for Consumers' was issued by the Department for Business, Innovation and Skills on 2nd July 2009. The document contains proposals and actions points to provide real help now to those in financial difficulty, while remaining responsive to the effects of globalisation, and the increasing use of technology by consumers and business to buy goods and services.

The white paper focuses on four key themes:

- Real help now for vulnerable consumers.
- A new approach to consumer credit.
- Empowering consumers through better enforcement and information.
- Modernising consumer law.

Sections of the white paper were informed by a consultation launched in May 2008 calling for evidence on a comprehensive review of the UK's consumer protection regime. Among many other organisations, the Trading Standards Institute (TSI) has been involved in the consultation process and welcomed attention given to product safety enforcement, while continuing to call for tougher action.

Of particular interest to injury prevention and safety is the pledge in the white paper to provide more money to increase consumer product testing at key UK ports. TSI sees the consumer white paper as a welcome step forward to boost consumer confidence at these difficult times.

Extra resources for local authorities in areas around the major ports, which carry out product safety testing particularly on imports of electrical goods and toys, is essential. Better controls at ports will help address more effectively the problem of unsafe and counterfeit goods coming into the UK and the European Union.

Although effective enforcement at borders is key to prevent unsafe products entering the UK market place, there is currently virtually no national co-ordination or funding. For example UK's busiest container port Felixstowe, which is also one of the largest in Europe, receives an estimated 5,200 consignments containing products at high-risk of non-compliance with safety regulations per year. Over the past five years 40 per cent of sampled consumer products, coming into the EU through Felixstowe, were found to infringe EU product safety legislation requirements. Almost half of those



were tested to be unsafe. Unsafe goods coming through this port cause of contribute to 95,000 injuries, 100 fires and 3 deaths each year.

It is in light of these figures that the Government is expressing commitment to provide support for targeting product safety sampling and testing or imported goods at ports of entry where regulation can be effectively delivered at the source of the problem.

However, TSI would like to see these efforts to protect our consumers and businesses from physical and financial injury go further. Local authorities also need better support to carry out product testing with major manufacturers around the UK. TSI wants a national sampling programme and national injury database to be established as a priority.

TSI has put its weight behind a campaign seeking to re-establish a national injury database, which was closed in 2002. This front is making progress: the Government Department of Health has helped set up a pilot scheme that is due to be launched later this year. There is currently no formalised national co-ordination or collection of evidence in the UK to support product safety moving higher up the agenda.

In the meantime further consultations are anticipated to emerge from the Consumer White Paper.

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EU warns: confusion on nanotechnology

The highest-ranked health official in the EU executive has hit out at lobby groups who stoke fear of nanotechnology. Robert Madelin, director-general at the European Commission's health and consumer affairs directorate, said it was 'irresponsible' to use panic in order to attract attention.

Nanomaterials are now used in sunscreen and other cosmetics products, leading consumer groups to complain that legislation has been slow to keep up with the pace of development of products which are now on the market. Nanotechnology also has applications in foods, chemicals, medical devices and textiles. The European Commission estimates that nanomaterials are now used in around 5% of the cosmetic products – including sunscreen, lipsticks and anti-ageing creams – that are already widely available. In March, the European Parliament voted to back tougher rules on the use of nanotechnology in cosmetics.

The debate on the safety of nanomaterials has occasionally been fraught, with consumer and environment NGOs concerned that carbon nanotubes pose similar health risks to asbestos. However, industry groups and others have stressed that carbon nanotubes feature in a small proportion of nano-enabled products and the public is generally not exposed to these. The safety profile of nanosilver has also been called into question, particularly because it can be used as an anti-microbial agent in clothing. A major problem has been assessing the risks associated with

a technology which is advancing at great speed.

Madelin said conflicting messages emanating from NGOs, industry and academia are fuelling confusion among the public about a new technology with significant potential. 'We are very frustrated when people come out with contradictory messages. It's a disaster. Why would the man in the street have any confidence in the system?', he told a nanotechnology conference in Brussels hosted by the Transatlantic Consumer Dialogue (TACD). He said further problems in communicating about nanotechnology arise when stakeholders work with different definitions. The industry currently defines nanoparticles as being smaller than 100 nanometres, while some consumer groups include particles of less than 300nm.

'The consumer movement should invest in the expertise needed to support honest discussion with industry and academia. Some actors are credible in this already, but others do not have access to that expertise yet,' Madelin said. He urged civic society to take a 'more responsible and networked approach' to public communication on nanomaterials, highlighting instances where NGOs and business groups have competed for airtime by releasing reports on the same day. 'We want consumers to be able to enjoy the benefits of nanotechnology. This range of technologies holds potential gain for society's needs, and we are pretty confident that the game is worth the prize. We see emerging

uses, credible close-to-market uses in areas such as drug delivery,' he told the conference.

Professor James Bridges, chair of the EU Scientific Committee on Emerging and Newly Identified Health Risks, said work is ongoing to determine any potential risks from nanotechnologies used in consumer goods. He said very few nanoparticles may be more hazardous than in other physico-chemical forms. 'There is some indication that as well as local effects, smaller particles may be able to penetrate the lung and thereby reach body organs including the brain. But it cannot be assumed that around 100nm marked changes

in hazardous properties occur.' However, he said data for asbestos can be extrapolated to nanomaterials with comparable physical properties. Bridges also said there is not yet enough information for full life-cycle risk assessment. 'We suggest a tiered approach based on the likelihood of exposure occurring to prioritise nanoparticles for detailed risk assessment. Priority needs to be given to nanoparticles where significant exposure to man and environment are anticipated'.

Source: <http://www.euractiv.com/en>



'Safety of Household Appliances for All'

Consumers expect electrical household appliances to be safe, for themselves, their children and the older members of their families. Regulators want a high level of health and safety protection for all consumers, as expressed in European Directives. Yet present international safety standards (EN 60335 – the safety standard that governs most household electrical appliances) states that they do not 'in general, take into account the use of appliances by young children or infirm persons without supervision.'

For many years ANEC has been concerned about the limited scope of these standards. The standards exclude the use of electrical household appliances by a substantial group of consumers - children and older and disabled people. ANEC has the opinion that this is discriminatory.

Considering the growing ageing European population and that elderly people get injured especially in the home setting such as bathrooms and kitchens, ANEC believes that standards can be successfully used to help make products and services safe for as many consumers as possible, irrespective of their age or abilities.

ANEC has so far proposed changes to the standards for toasters, microwave ovens, hobs and ovens, hairdryers, water heaters,

lawnmowers and trimmers, and grills and similar portable cooking appliances. The aim is to make those appliances safer for all, including seniors.

Knowing how to use a grill or electric kettle is a prerequisite for safe use. ANEC therefore suggests that instructions for use should be more legible as no one, and especially people with low vision due to age, 'remember to read the small print!' Burning risks with a hot oven surfaces can be avoided if surface temperatures are lowered to a safer level for older people, taking into account their generally slower reaction times.

ANEC proposals are based on a research project to review Parts 2 of EN60335 series of standards. However, the complete revision of the standards is not scheduled to be finished until 2012. ANEC is submitting these proposals to the especially established working group on this issue (CENELEC TC 61 WG 4), and is working on other products that need to be revised. It was on ANEC's request that this working group was set up in 2006. As a result of lobbying by ANEC, the European Commission has issued a standardisation mandate to support this group's work.

For more information: www.anec.eu

► Injury Data

European Alert System on Injuries

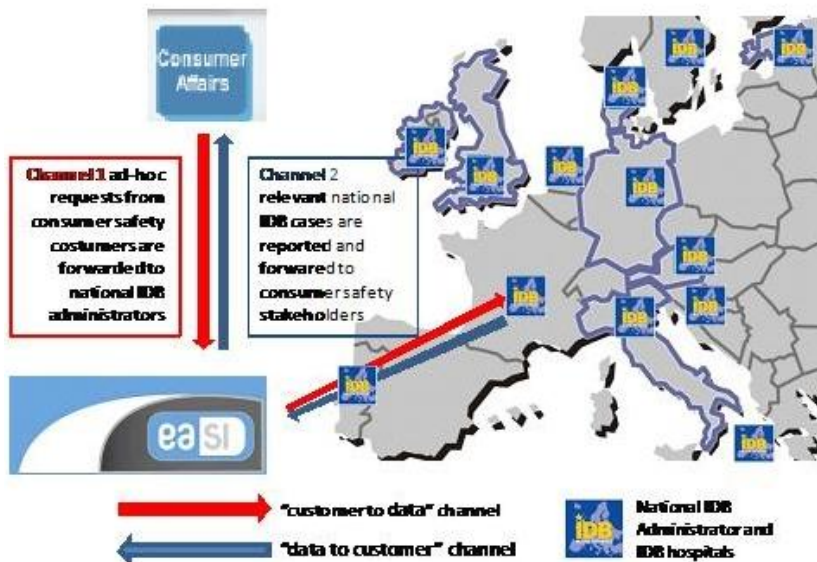


The majority of injuries in the European Union are home and leisure accidents. Some of these injuries change little over the years, their risk factor is stable and it is possible to take a long term approach to their prevention.

Though, our fast moving society and the permanent enhancements in the field of technology in everyday life create 'new' accidents and injuries linked to new products, activities or behaviours. It's very important to know such new accidents in order to have the possibility of preventing similar incidences in the future and in countries not yet affected by new hazards. This situation called for the introduction of an 'alerting system' on the basis of IDB data (EU Injury Database) similar to those that already exist in other health-related fields: the 'European Alert System on Injuries' (EASI).

EASI is a two-way reporting channel for product related injuries that are recorded in the currently more than 100 IDB hospitals across the EU (see Figure).

- Channel one of EASI is from 'customer to data': a procedure was set up that allows for quick answers from all IDB countries to ad-hoc injury requests from consumer safety costumers using the most recent national IDB data. The added value of this procedure beyond the use of the existing EU IDB (central database at DG Sanco) is a faster access and a timelier reporting of relevant accidents and injuries.
- Channel two of EASI is from 'data to customer': In addition to the possibility to use EASI as an extended search tool for IDB data, IDB cases that match certain criteria of importance for product safety can be reported to the EASI forum by the national IDB data administrators (NDA). The reported cases may serve as an 'alert' the IDB user group and other external consumer safety costumers about the occurrence of a noteworthy incidence.



Two-way exchange of information about product related injuries from national IDB centres to EU „consumer affairs' stakeholders via EASI, the 'European Alert System on Injuries' (see text for details)

Hence, the overall goal of EASI is to make the maximum use of the existing EU IDB data in order to meet the needs of consumer safety and injury prevention more efficiently. Detailed information about the EASI can be found at: <http://www/alert-easi.eu/>

EASI is a pilot project led by Marc Nectoux, PSYTEL, France, and Anita Eichhorn, Kuratorium für Verkessicherheit (KfV), Austria, within the EuroSafe project PHASE of the Public Health Programme 2006. Currently, EASI is still in a testing phase with pilot partners from Austria, Cyprus,

France, Latvia, Malta and the Netherlands. In order to improve the timeliness of the IDB information about products and services for the EU level, the partners are expected to make their national IDB data accessible for international ad-hoc requests and product related reporting also 'in-between the yearly uploads' (e.g. the IDB data of the first quarter of the year is accessible for EASI by the end of the second quarter).

EASI is designed as a complementary procedure to RAPEX. Whereas RAPEX works as an early warning system, in most cases notifications are issued without an actual incidence of injury or accident, EASI serves for the post-hoc analyses of products and service related injuries already recorded in the IDB throughout the EU.

In addition to responding to special and current ad hoc requests with the most recent IDB data and a procedure for signalling relevant incidences and trends of product and service related injuries ('alert system'), EASI also provides regular quarterly overview about

all product and service related injuries recorded in the national IDB systems.

The quarterly EASI Summary Reports provide an indication of which product categories are frequently involved in accidents and serves as statistical background information for product and service safety. The 1st EASI Report (issued June 2009) about product related accidents is already available at: <http://www.alert-easi.eu/summary-report.html>. The 2nd EASI Report will be published in September 2009.

The goals of the EASI pilot are pursued in close cooperation with the national IDB partners and shall provide a more timely access to and a wider dissemination of the wealth of information contained in the IDB on product and service related injuries.

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Fall-related deaths in the EU

The Institut de Veille Sanitaire (InVS), the national health observatory in France, recently published a report on fall-injury deaths in the EU. This study was part of the so-called ANAMORT study, set up in 2005 and co-financed by the EC in the framework of its public health programme.

The objective of the fall-related death study was to provide producers and users of death statistics with a practical tool to help study deaths related to falls. For that purpose, InVS studied mortality data produced by health authorities in European Union and associated countries and used these data to describe time trends, geographical distributions and demographical risks.

Death from fall was considered as any death due to fall, whatever the intent was: in addition to death from accidental fall, it included death from suicide by fall, homicide by fall and fall from undetermined intent.

Situation regarding deaths from falls in Europe

The number of deaths from accidental fall in EU-25 was 46,337 in 2005, which represents 20.2% of all deaths due to external causes. Standardised Death Rate (SDR) for accidental fall was 6.5 for 100,000 inhabitants in 2005 in EU-25. Country variations were observed between 2.0 and 16.0 /100,000. A west-east gradient was clearly noticeable, with the

highest SDR by accidental fall observed in Croatia, Slovenia, Hungary, Lithuania, and Finland. In 2005, among EU25 countries, victims were observed among the elderly (65 years-old and more) in 31% of the cases.

The SDR has decreased by 7% between 2000 and 2005, from 7.0 to 6.5/100,000 a year in the EU-25. This trend was also observed over a longer period in the European Union of 15 countries. In certain countries, sharp decreases in SDR by accidental falls could be observed, i.e. in Denmark 2000, France 2000, Germany 1998, Italy 2003, Netherlands 1998, Norway 2005, Spain 1999, Sweden 1997, and Switzerland 1995. However, these sharp decreases were associated with the implementation of the 10th revision of ICD in six of these countries.

Data limitations and recommendations

Misclassifications of deaths from accidental fall due to inappropriate selection of underlying causes of death were reported by 26 out of the 36 countries included the Anamort project, resulting in an underestimation of the magnitude of the deaths due to accidental falls in most of these countries.

Changes in codification rules between the 9th and 10th revision of the WHO- classification for external causes of morbidity also explain

some of the sharp decreases in death rates observed in some countries.

Therefore it is recommended to develop a strategy for capturing multiple causes of death analysis in classifying deaths related to fall. Further, the introduction of the automated coding system might help to eliminate the biases due to different applications of coding rules by coders. Indicators describing fall-related deaths, whatever the intent was, are essential in view of monitoring the impact of prevention measures on accidental falls.

For effectively developing prevention measures it is important that the circumstances of the fall are being described in detail in the death certificate, i.e. including

information as to the place, location and mechanism of injury event.

Various associated diagnoses should also be envisioned by certifiers when a death appears to be related to a fall: suicide, homicide or family violence, epilepsy seizure, bone density disorders, alcohol intoxication. Certifiers should be encouraged to write information on conditions contributing/initiating death if an "external cause of injury and poisoning" occurred in the past and mention the time lag between the elements of the causal chain.

Additional and more detailed recommendations may be found on:

www.invs.sante.fr/surveillance/anamort

► Adolescents & risk taking



'Engaging young people in injury'

In April 2008 the EU-project AdRisk (EuroSafe) has published its results, such as the *AdRisk European Situation Analysis Report*, the *AdRisk Good Practices Guide* and European Strategy recommendations.

The focus of the actual work is on intensive collaboration for implementing practical approaches on risk and safety education for youth.

Now AdRisk has the opportunity to conduct the second International Seminar. The seminar, which will be held in Birmingham on 10-12 November 2009, is organised by AdRisk and RoSPA.



The topic of the International Seminar in Birmingham is '**Engaging young people in Injury prevention - practical approaches to risk competence**'. Experts from different countries will discuss and work on how to engage youth. The aim is to learn, exchange and develop approaches for risk competence, youth participation in injury prevention for effective practical safety education.

The seminar will be held jointly with the newly formed Child Safety Education Coalition (CSEC), at the headquarters of the ROSPA. The CSEC brings together a wide range of organisations who offer young people

practical opportunities to develop risk competence and is managed by the ROSPA.

There are three different topics for the three days of the seminar:

- What is high quality practical safety and risk education?
International experts will give their input by presentations; workshop groups will discuss and exchange on this topic.
- Workshop groups will discuss how to involve more young people in all forms of injury prevention.
- What is risk competence? is the topic of Day Three. Workshop discussions will deal with using criteria for quality practical safety and risk education.

Are You interested in participating?

For further information on participation, please contact the AdRisk project coordinator Ursula.Loewe@kfv.at

More information on the coalition: <http://www.rospa.com/csec/index.htm>

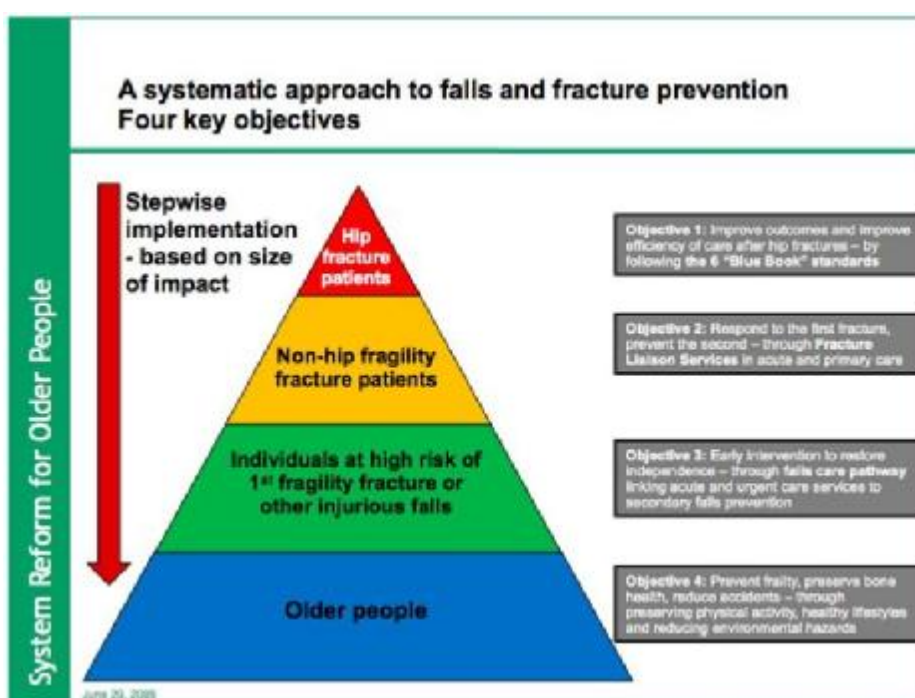
► Safety for seniors

The UK Launches a Falls and Fractures Commissioning Toolkit to improve implementation of evidence based practice to reduce falls amongst seniors



The UK's Department of Health has produced a falls and fractures commissioning toolkit, promoting best practice around falls prevention and effective fracture management http://www.profane.eu.org/directory/display_resource.php?category=1046&resource_id=2068. This is part of the Department of Health's Prevention Package for older people, part of the government's new Ageing Strategy 'Age of Opportunity - Living Longer, Live It Well'. Announced in 2008, the prevention package raises the focus on prevention as a means of ensuring good health, well-being and independence in later life by promoting and encouraging uptake of comprehensive health and social care services for older people.

This toolkit aims to support dialogue between commissioners and providers of services about assessing local need, and possible interventions - including the evidence base and costs/benefits over time. There are also some key messages for older people and their carers about how to reduce risk of falls and how to enhance their bone strength and balance. The toolkit will consist of the following: An overview document and presentation. This sets out the key messages about effective interventions for falls and fractures services. There are four key areas for intervention that commissioners, ideally working collaboratively across health and social care, should consider in the context of local services for falls, falls prevention and fractures.



Objective 1: Improve patient outcomes and improve efficiency of care after hip fractures.

Objective 2: Respond to the first fracture, prevent the second - through fracture liaison services in acute and primary care settings.

Objective 3: Early intervention to restore independence - through falls care pathways linking acute and urgent care services to secondary prevention of further falls and injuries.

Objective 4: Prevent frailty, promote bone health, reduce accidents - through encouraging physical activity, healthy lifestyles and reducing unnecessary environmental hazards.

Two pathways, described in detail for fallers with a non-hip fragility fracture and with a hip fracture, based on the 18 weeks pathway format http://www.profane.eu.org/directory/display_resource.php?category=1046&resource_id=2070. There is an advice note on preparing a Joint Strategic Needs

Assessment (JSNA) for falls and fractures services and a business case, assessing the costs and benefits over time of interventions to reduce the incidence of falls and fractures http://www.profane.eu.org/directory/display_resource.php?category=1046&resource_id=2071

Local communities can use this to develop their own proposals. There is also an advice

note on exercise training to reduce falls, summarising key research messages http://www.profane.eu.org/directory/display_resource.php?category=1046&resource_id=2069

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Distance Education Course for seniors' health and community care providers online

The Canadian Falls Prevention Curriculum is new and unique course on evidence-based approaches for the design, implementation and evaluation of fall prevention programs for older persons in community, residential and acute care settings. Under the leadership of Dr. Vicky Scott, director of the Centre of Excellence on Mobility, Fall Prevention and Injury in Aging <http://www.hiphealth.ca/Home.htm>, the curriculum has been developed and pilot tested for health care professionals, community service providers and policy and program personnel to integrate current theoretical approaches and best practice evidence into

their regular, ongoing fall and injury prevention practices and services.

The CFPC E-learning version is now also offered as a University Distance Education course, available internationally in English at the University of Victoria (<http://www.uvcs.uvic.ca/courses/>) and in French through the University of Edmonton, Campus St. Jean <http://www.uofaweb.ualberta.ca/cerf/>

More information: www.injuryresearch.bc.ca or sarah.elliott@gov.bc.ca



Older people and road death

The European Transport and Safety Council (ETSC) published a comprehensive summary of road accident death among older people in Europe and effective measures to prevent them.

Magnitude of issue

At least 8,260 people 65 years old and over were killed in the EU27 in 2006. While older people account for one sixth of European population, every fifth person killed in road traffic is aged 65 or over. Moreover, due to population ageing, older people will represent an increasing share of the total population. This could have a negative impact on road safety development in the future. If the risk rates of older people and others decline at the same pace, by 2050 one death out of three is likely to be an elderly person. Providing safe mobility to senior citizens deserves special attention and requires a re-think of policies and strategies.

Per population, Malta, the UK and Sweden are the safest places for older people using the roads. Only in Latvia, Malta, Estonia, Spain, Lithuania and Slovenia do older people have a lower risk of dying on the road than the rest of the population. In The Netherlands,

Israel and Switzerland people aged 65 and over have twice the risk of dying in road traffic that others have.

Background

Older people are more vulnerable to trauma than other age groups as the fatality risk from the same physical impact increases with age for all human beings after the age of 20 years.

When a road accident occurs it affects an elderly person in a more serious manner. It is therefore particularly important to prevent older people from getting involved in road accidents in the first place. To bring this about, behaviour, vehicles and infrastructure should be improved.

Behaviour

Older drivers have to deal with age-related limitations, but they are generally able to compensate for them. Ageing is accompanied by the narrowing of the visual field, poorer contrast sensitivity, increased time required to change focus, slower eye movement, problems with depth perception and slower decision making. These impairments make older people more sensitive to complex traffic situations where a number of different tasks must be performed at the same time. To compensate

for these functional limitations many older drivers try to avoid driving at night, in bad weather, in congested areas and during peak periods. More particularly, mandatory age-based screening for keeping the drivers licence has not been shown to be effective in preventing accidents.

Older people are particularly in danger when walking or cycling in the road environment. road safety provisions aiming at improving their visibility seem particularly effective.

Vehicle

Cars and crash-tests are in general designed to meet the needs of a healthy adult. However, with a growing number of older people, the car manufacturers have to start to develop vehicles which take the needs of older people into consideration. Safety requirements for older people usually include designs to simplify the operation of cars and easily self-adjusting interiors to compensate for the changed body movement.

Infrastructure

As senior drivers are more likely to be involved in intersection accidents than other drivers, particular attention should be given to junction design especially in urban and periurban areas.

Scientific studies and road design manuals suggest replacing stop signs with full control by traffic signals, provision of roundabouts, physical provisions facilitating turning across opposing traffic and fully controlled opposed turn phases.

General infrastructure improvement for pedestrians would also highly benefit the safety of elderly users. Crossings have to be adapted to the needs of elderly people, since they are generally the slowest pedestrians.

For more information: www.etsc.be

Injuries among elderly in Sweden

In January 2008, Sweden's total population was 9,2 million. Of these, 1,6 million (0,9 million women and 0,7 million men) were elderly, 65 and older. This gave reason enough for the two leading safety organisations in Sweden, to look into the magnitude and main causes of injury risks among this age group.

Among elderly people accidents dominate death with 76% of all deaths resulting from injuries. Suicide accounts for 16% and injuries with unknown cause, 4%. Violence from another person (manslaughter and murder) account for 0,5% and other external causes, 4%.

Two thirds of all accident related deaths, and half of all who are hospitalised, as a result of accidents are accounted by elderly people, in spite of only comprising 17% of the population. Elderly are overrepresented in the suicide statistics. However, despite their own conceptions, elderly are underrepresented with regards to manslaughter and murder.

During 2006, 67 000 elderly people were hospitalised as a result of injuries. Falls was the most common accident type and accounted for 64% of all elderly needing long-term care after an accident. The most common type of fall is in the same plane as a result of slipping, stumbling or tripping. Second most common type of accidents are road traffic accidents (2,8%). Others are fires, drowning, suffocation, poisoning, mechanical accidents etc. Together they account for 6% of all injuries while intentional

injuries, violence and suicide account for about 2% of the injuries.

In 2006, injuries, poisoning and other effects of external force, resulted in half a million days of healthcare treatment for those over 65 years, with the amount of days increasing with age. Hip fractures led to the greatest amount; 45% of all days. Compared with other diagnosis, hip fractures are the third most costly, with regards to treatment days, after schizophrenia and stroke. Hip fractures account for more healthcare treatment days than heart attacks and cardiac insufficiency.

In total, almost 200 000 (12,4% of the population over 65) attend an emergency room due to an injury, annually. Of these, 105 000 have injured themselves in, and around, their accommodation (20 000 men and 85 000 women) and 35 000 have injured themselves in hospitals, elderly homes or other similar institutions (5 000 men and 30 000 women).

In, and around peoples housing, falls dominate as type of accident. In the age group 65-79, falls account for 70% of the injuries and in the age group 80+, falls account for 90 % of all injuries. In elderly homes and similar institutions (not including hospitals and health centres), 10 000 elderly people are injured every year, as a result of falls. In the road traffic sector, almost 30 000 elderly are injured to such a degree that emergency care treatment is necessary. On walkways, streets, roads, etc. almost 30 000 (7 000 men

and 22 000 women) are injured every year. Also in this sector, falls are the dominate reason for injuries, followed by being hit by a moving, or still standing object. Falls account for 73% of women's injuries and 59% of men's.

People, animals or objects can cause injuries and are then referred to as causing, or they can start, or partake in, the accident process and be referred to as a trigger. If a person trips on a wire and hits his/her head on a table, the table is referred to as a cause and the wire as a trigger. Due to the fact that falls dominate within accidents, hard floors cause the most injuries. Stairs, doors, thresholds and doorframes are other objects that cause injuries.

Furniture, and most importantly beds and chairs, are products that trigger or cause accidents. Floors and stairs are also important triggers of accidents. Puddles on floors were

often declared as a specific trigger. With regards to personal aid equipment, walking frames, followed by wheelchairs, were the most common as triggers and causes of injuries.

In comparison to other EU countries, Sweden has, apart from within the road traffic sector, not been very successful with regards to reducing the amount of accident related deaths for those 65 years or older. Within accident categories such as fires, poisoning and drowning, Sweden is amongst those countries that have been the least successful. Within these categories, as with falls, the amounts of deaths have instead increased during the last decade, which calls for an urgent improvement of preventive work.

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Falls Prevention in the Netherlands



Falling is one of the so called geriatric giants in the world, also in the Netherlands. And we're trying to tackle that. For four years on row, the Consumer Safety Institute (CSI) has launched a national falls prevention campaign to raise the awareness of the elderly and to support the locally offered activities.

The central theme of the campaign is 'a good shape helps to prevent falling'. More and more people are getting aware of the fact that staying in shape helps to age healthy and to stay independently when they get older.

Research learned that elderly find these aspects in life most important. In the falls prevention campaign CSI anticipate on this fact and on the finding that people like to test themselves and by coupling the low-interest message 'don't fall' to the positive message 'test yourself and stay healthy'.

In close cooperation with the field workers CSI developed a test kit. This test kit was designed to screen certain bodily factors that play a role in falls prevention, i.e. vision, ability to react and balance.

The tests had to meet a couple of criteria; it was important that they were easy to carry out even for non-medical field workers, the aim of

the tests was not diagnosing, but to start a dialogue about healthy living and, coupled to that, falls prevention.

To support the field workers during the year courses are organised to teach how to use the test kit. How do you test the elderly, how to interpreted the results and, how do you advise them about falls prevention starting from these results? Besides that there are published brochures about falls prevention in general and one especially about the impact of medication on the fall risk.

In October 2008, CSI organised a campaign month which we will repeat this coming October. During this month we support the local activities by raising national publicity about falls prevention using television, newspapers and magazines.

In the TV-commercial and in the articles published Sjoukje Dijkstra, ice-skating world champion in 1962, tells how she still tries to keep in shape in order to stay active and prevent falling: 'A double axel is not possible anymore, but performing simple exercises is'.

In November 2008 CSI evaluated the campaign among Dutch elderly (randomly chosen 55+) and the field workers that have ordered the test kits. The results were positive. Many of the elderly (71%) has seen, read or experienced some manifestation of the campaign.

Especially the TV-commercial was well known and even 10% of the elderly indicated Sjoukje Dijkstra had stimulated them to take

fall preventive measures! Field workers also indicated that the commercial had raised awareness of the elderly about falls prevention. About half of the elderly indicated that they have taken fall prevention measures during the campaign month; having had their vision checked and exercises were mentioned most.

The field workers are really positive about the test kit. Almost all (98%) think that these do-and-experience test are a good way to let elderly be more aware of the changes that occur with aging. Almost all field workers indicated they were willing to repeat using the test kit in future.

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www.stopauxaccidentsquotidiens.fr

The first web reference platform on the day-to-day accidents

With 19 000 deaths and 11 million injuries each year, 4.5 million need emergency appeal, the prevention of accidents in everyday life and public information on the risks household, sports and leisure remain more than ever a priority in France.

www.stopauxaccidentsquotidiens.fr is created at the initiative of the then Secretary of State in charge of Consumer and Industry and Government spokesman, Luc Chatel. He announced its creation on 9 October 2008 at the opening of the European Conference on Injury Prevention and Safety Promotion (Eurosafe). The creation of the website was one of the recommendations of the White Paper Preventing Day-to-day Accidents, issued by the Commission de la Sécurité des Consommateurs (CSC), the Institut national de la consommation (INC) and Macif Prevention. The CSC, the Direction générale de la concurrence, de la consommation et de la répression des fraudes (DGCCRF), the Direction générale de la santé (DGS), the Institut national de la consommation (INC), the Institut National de prévention et d'éducation pour la santé (INPES) and the Institut de Veille Sanitaire (InVS) unite their

energies and skills at the service of prevention.

The INC is responsible for coordinating the project.

The aim is to inform and provide advice on the prevention of day-to-day accidents in their diversity. In formulating its contents and its design, the website addresses this issue in a reassuring and empowering way.

To this end, reference www.stopauxaccidentsquotidiens.fr contain on a given risk tools to organize educational activities for acquiring good practices and good gestures, prevention advice, epidemiological data and regulatory information. These contents are available in different formats (video, audio, text). A search engine allows the user to simultaneously perform its application on the sites of the 6 partners and ensures him of the full results. The user can perform a free search or use the keywords that are offered in three dropdowns: populations, risks and products / activities.

For more information: a.madelaine@inc60.fr

Measures to improve the safety of the older driver

In-car electronics and adjustments to intersection design

Specific in-car electronic assistance and adjustments to intersection design improve the road safety of drivers aged 75 and above. These measures can prolong the safe mobility of older drivers. This is the main conclusion of the PhD thesis of Ragnhild Davidse, senior researcher at SWOV Institute for Road Safety Research in the Netherlands. The thesis gives a comprehensive overview of issues related to the safety of older drivers, such as crash involvement, injuries, functional limitations that may affect the driving performance of older people, and measures that may improve their safety. The main aim of the thesis was to determine the extent to which road design and

in-car assistance systems can compensate for functional limitations that affect driving performance and road safety. Davidse studied two types of measures that can assist the older driver at intersections: adjustments to the intersection design and in-car electronic assistance.

Adjustments to intersection design

How difficult it is to cross an intersection seems to be related to road type (3-way, 4-way, or roundabout), the priority regulation, and the manoeuvre which the driver has to carry out. Turning left on a four-way intersection with dual carriageway is the most difficult.

Examples of intersection measures that could be taken to assist older drivers are:

- road markings that are clearly visible (maintenance);
- measures ensuring a good view of the intersection (no obstacles impeding the line of sight); and
- timely information about important matters such as priority regulation, and road signs above the carriageway indicating which lanes are meant for traffic turning left.

In-car electronics are helpful

Personal in-car assistance is also useful. When approaching a difficult intersection, the driver assistance system which Davidse developed and studied gave the driver information about one of the following four aspects:

- the priority regulation;
- the obstructed view of the intersection;
- when it is safe to join or cross; and
- any deviating traffic rules or road situations.

Messages were only given if they were relevant, with a maximum of one message per intersection. The first three types of message resulted in safer decisions of both older and younger drivers. None of these messages is being offered at present by in-car driver assistance systems such as navigation systems. However, this functionality can be included in future versions of these systems.

Benefits for all ages

The safety benefits that adjustments to intersection design and in-car driver assistance systems can offer are not limited to older drivers; younger drivers also benefit from the simplification of the driving task that is a result of both measures. However, the safety benefit is expected to be greatest for older drivers because their functioning is closer to the limits of their capacities.

For more information: davidse@swov.nl

► Violence prevention

World Elder Abuse Awareness Day 2009

The World Elder Abuse Awareness Day (WEAAD) was observed at International level on July 5th, 2009 at the Palais des Congrès, Paris. The event preceded the World Congress of Gerontology, which was held in France this year. Led by the International Network for the Prevention of Elder Abuse (INPEA), the organization that initiated World Elder Abuse Awareness Day, the aims of the day were to discuss initiatives, current research and progress reports about elder abuse across the world. This latter element aimed to consider the overall state of awareness, prevention and interventions in elder abuse from all regions of the world.

Over 140 people attended the *Global* event during the day, with representatives from at least 30 different countries across the globe. The event included the creative use of technology, so that those who couldn't attend in person could participate in a virtual sense via an email forum known as 'E-blast', that posted updates throughout the day, and allowed for questions and comments from all over the world. A video containing clips from the different regions of the world was played and discussion about awareness techniques was held.



At more *regional and local levels*, conferences, rallies and seminars took place, literature was distributed and sponsored events were held to mark the observance of the day on 15th June. The purpose of the day is to raise awareness of the abuse, neglect and exploitation of older people, wherever it may occur. Since its inception in 2006, it seems that an increasing number of communities are taking part in the global effort to draw attention to and raise awareness of the many different forms of abuse that elders may experience.

It is anticipated that the next world day will be celebrated in Africa in 2010. Please visit the INPEA website www.inpea.net on a regular basis as the year progresses to obtain information about forthcoming events in relation to WEAAD and elder abuse more generally.

More information: b.penhale@sheffield.ac.uk

► Vulnerable road users



Pedestrians, cyclists among main road traffic crash victims

On 15th June, 2009 the World Health Organization (WHO) published the Global status report on road safety. The report provides the first worldwide analysis of how well countries are implementing a number of effective road safety measures. These include limiting speed, reducing drink-driving, and increasing the use of seatbelts, child restraints and motorcycle helmets. Funded by Bloomberg Philanthropies, the report presents information from 178 countries, accounting for over 98% of the world's population.

The first global assessment of road safety finds that almost half of the estimated 1.27 million people who die in road traffic crashes every year are pedestrians, motorcyclists and cyclists. While progress has been made towards protecting people in cars, the needs of these vulnerable groups of road users are not being met.

'We found that in many countries, the laws necessary to protect people are either not in place or are not comprehensive. And even when there is adequate legislation, most countries report that their enforcement is low,' said WHO Director-General Dr Margaret Chan. 'We are not giving sufficient attention to the needs of pedestrians, cyclists and motorcyclists many of whom end up in clinics and hospitals. We must do better if we are to halt

or reverse the rise in road traffic injuries, disability and deaths'.

The survey assist participating countries in :

- mapping of national road traffic injury mortality, road safety standards and programmes as an important baseline for future activities;
- promotion of intersectoral work as specified by project tasks;
- joint action as a catalyst for change and providing experience of engaging in an international survey using a standardized methodology.

Nearly all European countries participated in the assessment. 49 out of the 53 European countries appointed a national data coordinator (NDC). Most of them are also focal persons for violence and injury prevention, nominated by ministries of health. A companion report for the European Region, providing a more focused and comprehensive analysis for European countries, is planned to be released in late 2009.

More information on:

http://www.who.int/mediacentre/news/releases/2009/road_safety_report_20090615/en/index.html



► Work safety

OSH and SME's

Occupational Safety and Health (OSH) is not usually viewed as a core factor to the economic viability of an organisation. Compliance with government laws and regulations is generally the only driver of OSH policies in companies, in particular in small and medium sized enterprises (SMEs). However, a reduction of injuries and damage due to accidents can lead to a reduction in costs and a greater availability of people and plant production capacity. This, in turn, can improve efficiency and thereby enhance the effectiveness of businesses.

In order to encourage organisations, especially small and medium sized enterprises, to link OSH with efficient economic performance, it is necessary to understand the links between the two.

A recently published review study examines the link between Occupational Safety and Health (OSH) and economic performance, especially as it relates to SMEs.

The Impact of OSH on businesses

In 2000, the cost of workplace accidents amounted to €55 billion, or the equivalent of 0.64% of the Gross Domestic Product (GDP) for the EU-15, while an average of 1,250 million working days are being lost each year due to health problems.

These figures do not include the indirect costs that can arise from injury or accidents, such as interruption of production immediately after the accident, lowering morale of co-workers,



staff time taken up with investigating and preparing reports on the accident, recruitment and training costs for replacement workers, damage to equipment and materials, and reduction in product quality.

The costs of accidents are of particular concern to *small and medium-sized enterprises* because SMEs account for 82% of all occupational injuries and 90% of all fatal accidents. The ergonomic, physical and chemical work environment appears to be more hazardous in small enterprises than in large ones. Additionally, SMEs lack often up to date knowledge about occupational safety and accident prevention. The impact of a serious OSH incident could be catastrophic for a small enterprise, as it is far more difficult for SMEs to recover from any OSH incident, key workers cannot be easily or quickly replaced, short-term interruptions of business can lead to immediate loss of clients and important contracts and can lead to closure of a business.

The benefits of high quality OSH policies are therefore clear: higher productivity, greater business continuity, lower insurance premiums and/or compensation payments to workers and higher staff motivation morale.

Communicating the economic OSH benefits

Communicating the relevance of incorporating economic evaluations of health and safety interventions or programmes to SMEs is still a challenging process because of the diverse nature of SMEs.

Along with understanding the costs, other arguments may motivate SME's to invest in OSH, such reputation management, meeting client demands, good stewardship and corporate social responsibility.

Many different forms of communication have been used within SMEs, including focus groups/workshops/seminars/conferences/presentations, Safety and Health Awareness Day SHADs, and inspections/ site visits/one-to-one support.

While all of the above have worked to a certain degree, research suggests that using face-to-face communication, SHADs and the general use of intermediaries are usually more successful in influencing the behaviours of SMEs.

An important component in creating a safe environment is through developing and maintaining culture of safety within companies. In changing an organisation's culture, it is important that leadership on safety issues is visible in the consistent behaviours of senior management, that active measurement of safety performance and reinforcement of positive behaviours are in place, and that there is a periodic review of the safety culture and the implementation of safety improvement plans.

Recommendations

In order for SMEs to value the need pursue a firm OSH policy, the benefits of OSH need to be constantly and consistently highlighted. National insurance incentives or subsidy programmes can also provide important economic incentives to SMEs to invest in safety.

Another benefit that should be highlighted is the cost-effectiveness of interventions. The review study found especially strong evidence for the effectiveness of participatory intervention programmes.

SMEs are diverse and tend to be insular. Therefore, in addition to nationally coordinated programmes, an individual approach is being recommended in order to assist SMEs. In this respect intermediaries are useful in providing information and assistance to SMEs. As they can interact more regularly with SMEs, they will be more successful in influencing SMEs to follow practices from which they would benefit on the medium and longer term.

More information: Roxane L. Gervais et al.



Occupational safety and health and economic performance in small and medium-sized enterprises: a review, ISBN 978-92-9191-228-5

Luxembourg: Office for Official Publications of the European Communities, 2009



WORK-IN-NET learning across boundaries

WORK-IN-NET is a five-year (2004-09) project funded within the Sixth Research Framework Programme of the European Commission. The overall aim of the project is to set up sustainable communication and cooperation channels in Europe between the still fragmented national and regional research activities in the area of work-related innovation issues.

The latest published report provides an overview and analysis of programme activities aimed at promoting work-oriented innovation in the city-state of Singapore, the Flemish Community and Region, and the Irish Republic. The results of the three case studies are put into a comparative perspective with the results of an earlier benchmarking study carried out in 2005. The report uses a revised version of Frieder Naschold's model for best practices of national workplace strategies as a framework for policy conclusions. The Naschold model employs six generic principles that could be considered crucial for the social impact of national strategies. The principles deal with the policy context, orientation, inclusiveness (participation) and supporting infrastructure of the strategy, horizontal networking of micro-level actors within the strategy, and the balance between the aims and the different kinds of resource of the strategy.

The key policy conclusions and recommendations, based on the two benchmarking assignments, are the following:

- **Integration of policies:** There is an urgent need for a better integration of the promotion of workplace innovation into economic and industrial policy decision-making. Successful integration requires sufficient research-based evidence about the importance of workplace innovation in the achievement of economic and industrial policy objectives, the importance of the role of the workplace development strategies in the achievement of these innovations, and success in converting the achieved results into an understandable part of economic and industrial policy discourse.
- **Role of the social partners:** The social partners have traditionally played an important role in most workplace development programmes. Linking workplace development more closely to economic and industrial policy questions need not mean a weakening of the role of the labour market organizations in the promotion of workplace innovation. This, however, requires that they are able to consider questions related to workplace development in other ways than those based on traditional bargaining logic and take on a wider, development oriented perspective also in the new policy context.
- **Learning across borders:** The global economy and the Internet have clearly augmented interest in and opportunities for information exploration beyond national borders for workplace innovation. To truly enhance learning across national borders in workplace development, multi-national interactive forums should be created that provide common conceptual tools for making the experiences of different countries more understandable and allowing for common reflection on these experiences.
- **Importance of inclusiveness:** Participatory strategies, based on close cooperation between management and staff in determining development targets, could be considered an intrinsic value in workplace development. In cases where workplace development has strong resources and solid legitimacy as a part of public policy, it is advisable to use an inclusive approach which permits a diverse set of companies and workplaces to participate in the programmes and not to focus exclusively on technologically advanced front-line companies.
- **Interplay between research and development:** Approaches that combine development (consultancy) and research should be actively promoted for the purpose of boosting the production of new generic knowledge on workplace innovation. In addition to seeking out problem areas in working life and assessing the subsequent results of development activities, research could have a more active role as part of the development itself, providing 'fast feedback' in programmes and projects, or as a direct contributor in the creation of new solutions. There is a great need for new kind of 'interactive approaches', which overcome traditional boundaries between different knowledge domains (e.g. research vs. consultancy, expert knowledge vs. practitioner knowledge) in workplace development.
- **Learning networks:** Transposing good practices mechanically from one context to another is difficult, because the knowledge involved is often tacit and sticky. Traditional means to disseminate the 'ready-made' results of the finished projects should be supplemented by approaches that create

interactive learning spaces for workplaces within the programmes, beginning with the planning and implementation stages of the projects. The promotion of learning networks as a new means to overcome the problem of poor dissemination of good practices characteristic of traditional programme approaches should be actively encouraged.

- Intellectual and social capital: The success of any strategy or programme is not dependent only on its material resources, but also its intellectual resources/capital (embodied in visions, operating ideas and development concepts) and social resources/capital play

an important, but often neglected, role. The best way to promote intellectual and social capital between players is to reserve sufficient effort to instilling a common language and shared definition of the object for development. This last characteristic is a central requirement for the strategy or programme to become an arena for knowledge creation, the crux of innovation.

Source: *Learning across Boundaries, Workplace Development Strategies of Singapore, Flanders and Ireland in Comparison, Publications of the WORK-IN-NET Project, Helsinki 2008*

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



European Agency for Safety and Health at Work: Annual Report 2008

The role of the European Agency for Safety and Health at Work (EU-OSHA) is to help protect workers in Europe, by collecting, analysing and disseminating information on safety and health at work, and by promoting a culture of prevention of accidents and ill health.

The Agency's work in 2008 was shaped by the Community Strategy for Health and Safety at Work, 2007-2012, which aims to cut work-related accidents and illnesses across the EU, and which underlines the importance of the Agency's role.

In 2008 the Agency's Governing Board also adopted a new five-year Agency Strategy 2009-2013, which includes a new multi-annual Work Programme, tied closely to the Agency's long-term aims and values.

Among its activities in collecting and analysing information on OSH, the Agency, through its European Risk Observatory (ERO), carried out a feasibility study of different methodologies for anticipating the future OSH risks that may come from new technologies and new ways of working. The Agency's Foresight project is looking towards a ten-year time horizon, and helping policy-makers take action *now* to keep European workers safe.

In the area of Working Environment Information, which promotes Member State co-operation on information collection and research, the Agency prepared three major reports to support the *Healthy Workplaces campaign* for 2008-2009 on risk assessment, and organised *Good Practice Awards*, which recognise companies and other organisations that have made outstanding contributions in promoting risk assessment in the workplace. A new report, *Protecting workers in hotels, restaurants and catering (HORECA)*, gives an overview of the sector, some of the risks that are prevalent in it, and ways that workers can be protected.

The Agency also prepared information on health and safety risks in the road transport sector. Practical information was developed on the safety and health problems that affect cleaning workers, as well as case studies of ways to integrate or *mainstream* occupational safety and health into education.

Following its 2007 campaign on musculoskeletal disorders, *Lighten the Load*, the Agency published its *Prevention report on MSDs*, giving advice on how to tackle MSDs in the workplace.

Preparatory work and information-gathering was carried out on the subject of the maintenance of buildings and equipment in the workplace, which will be the subject of the Agency's Europe-wide *Healthy Workplaces campaign* in 2010-2011.

The Agency worked to promote the Healthy Workplaces campaign on risk assessment. Thorough assessment of risk is the cornerstone of health and safety management. So far the campaign has involved more than 7,000 participants in seminars, training events and workshops, with some 2 million print publications being distributed.

The campaign is the first to be based on a new two-year model, giving more time for preparation and follow-up, especially in promoting good practice, and to develop the networks and partnerships that are central to its success. By the end of 2008, 17 organisations had signed up as official campaign partners.

Outlook for 2009

Areas of particular focus for 2009 will include implementing the Agency's methodology for forecasting new and emerging risks (probably looking first at energy and the environment), collecting data on the risks faced by women at work as part of the 'OSH in Figures' project,

presenting the first results of the *ESENER Survey*, developing reports on OSH risks in the transport sector, and research on public and private procurement and its role in providing economic incentives for good OSH. In addition, campaigning activities in 2009 will include the second year of the *Healthy Workplaces campaign* on risk assessment, with the presentation of Good Practice Awards, campaign reports and online risk assessment tools being made available, and the campaign's closing event in November. At the

same time, preparations will be made for the Agency's next Healthy Workplace campaign, which will focus on Safe Maintenance in 2010-2011. Campaign partnerships will be again set up, and campaign material (including the campaign website) will be prepared in 22 languages.

For more information: http://osha.europa.eu/en/publications/annual_report/2008full/view

► AGENDA

Events 2009

27-31 October, Montevideo, Uruguay
XXV IASP World Congress on Suicide Prevention of the International Association for Suicide Prevention

Website: www.iasp2009.org

2-3 November, Stratford-upon-Avon, UK
European Child Home Safety Conference

Website: www.rospace.com

9-11 November, Toronto, Canada
WorkCongress9

Website: www.workcongress2009.com

10-12 November, Birmingham, UK
CSEC/AdRisk Joint International Seminar Engaging young people in injury prevention: practical approaches to risk competence

Email: ursula.loewe@kfv.at

11-12 November, Bologna, Italy
Fifth annual meeting of the WHO Network for the promotion of Health Enhancing Physical Activities (HEPA Europe)

Website: www.euro.who.int/hepa/meetings/20090217_1

19-20 November, Moscow, Russia
First Global Ministerial Conference on Road Safety

Website: http://www.who.int/mediacentre/events/meetings/road_safety_conference_20090714/en/index.html

25-28 November, Łódź, Poland
2nd European Public Health Conference: Human Ecology and Public Health

Website: http://www.eupha.org/site/upcoming_conference.php

Events 2010

1-3 February, Bangalore Karnataka, India
5th International conference on children's health and the environment

Website: www.inchesnetwork.net

22-24 February, Stratton-upon-Avon
Call for papers—RoSPA's 75th Road Safety Congress

Website: www.rospace.com/road/

19-20 May, Reykjavik, Iceland
First announcement Safe Community Conference

Website: www.publichealth.is/SC-2010Iceland

1-4 September, Rome, Italy
Integrating knowledge for an interdisciplinary approach to suicidology and suicide prevention

Website: www.esssb13.org/

21-24 September, London, England
Safety 2010, the 10th World Conference on Injury Prevention and Safety Promotion

Website: www.safety2010.org.uk



EuroSafe

**the European Association for Injury Prevention and Safety Promotion
is the network of injury prevention champions dedicated
to making Europe a safer place**

ARE you looking for opportunities to influence European policy developments relevant to injury prevention and safety promotion? **DO** you want to learn from other countries by bench marking your own policies and programmes with them? **DO** you want to increase the impact of your investments in safety promotion programmes by exchanging experiences with key experts in the field? **ARE** you looking for being engaged in collaborative projects and activities with other colleagues in Europe?



Together we can make a difference!

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<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/13howtobecomeamember.htm>

or **CONTACT US** at

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