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(Resolutions, recommendations, guidelines and opinions)

RECOMMENDATIONS

COUNCIL

COUNCIL RECOMMENDATION

of 31 May 2007

on the prevention of injury and the promotion of safety**(Text with EEA relevance)**

(2007/C 164/01)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular the second subparagraph of Article 152(4) thereof,

Having regard to the proposal from the Commission,

Having regard to the opinion of the European Parliament ⁽¹⁾,

Whereas:

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| <p>(1) Every year, about 235 000 citizens of the Community die as a result of an accident or violence. Injuries are, after cardiovascular diseases, cancer and respiratory diseases, the fourth most common cause of death in the Member States.</p> <p>(2) In children, adolescents and young adults accidents and injuries are the leading cause of death.</p> <p>(3) Many survivors of severe injuries suffer life-long impairments. Accidents and injuries are a main cause of chronic disability among younger people leading to a heavy and largely avoidable loss of life years in good health.</p> <p>(4) On average, injuries account for about 6,8 million hospital admissions, which represent 11 % of all hospital admissions in the European Union.</p> <p>(5) Injuries represent a huge financial burden on health and welfare systems, causing about 20 % of sick leave and constituting a major factor for reduced productivity.</p> <p>(6) The risk of an injury is unequally distributed in Member States and in social groups, and varies by age and gender as well. The risk of dying from an injury is five times</p> | <p>greater in the Member State with the highest injury rate than in that with the lowest rate.</p> <p>(7) In contrast to many other causes of illness or premature death, injuries can be prevented by making our living environment, as well as products and services we use safer. There is ample evidence of proven effectiveness in accident measures that are still not widely applied throughout the Community.</p> <p>(8) Most of these measures have been proven cost-effective, because the benefits of prevention for health systems often exceed by a factor of several times the costs of intervention.</p> <p>(9) The important advances that have been made in a number of areas of safety concern like traffic or the workplace should be continued. In addition, attention should be paid to other areas which up until now have been less covered like home, leisure and sport accidents, and prevention for children and elderly citizens.</p> <p>(10) Consideration should also be given to the link between the consumption of alcohol and drugs and the number of injuries and accidents as well as to intentional injuries, in particular domestic violence against women and children.</p> <p>(11) It therefore seems necessary to make better use of existing data and develop, where appropriate, an injury surveillance and reporting mechanism, which could ensure a coordinated approach across Member States to develop and establish national policies on prevention of</p> |
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⁽¹⁾ Not yet published in the OJ.

injuries, including exchange of best practice. Such a mechanism could be developed within the Community Public Health Programme ⁽¹⁾, any successor programmes and any other relevant Community programmes, and should be built on the basis of representative national injury surveillance and reporting instruments to be developed in a coherent and complementary manner.

- (12) In order to streamline the resources of the Community Public Health Programme and any other relevant Community programmes and to tackle injury prevention most effectively priority areas have been identified: safety of children and adolescents, safety of elderly citizens, safety of vulnerable road users, prevention of sports and leisure injuries, prevention of injuries caused by products and services, prevention of self-harm and prevention of violence, particularly domestic violence against women and children. These priority areas have been determined by taking account of the social impact of injuries in terms of the number and severity, the evidence regarding the effectiveness of intervention actions and the feasibility of successful implementation in the Member States,

HEREBY RECOMMENDS:

With a view to providing for a high level of public health, Member States should:

- (1) Make better use of existing data and develop, where appropriate, representative injury surveillance and reporting instruments to obtain comparable information, monitor the evolution of injury risks and the effects of prevention measures over time and assess the needs for introducing additional initiatives on product and service safety and in other areas.
- (2) Set up national plans or equivalent measures, including the promotion of public awareness of safety issues, for preventing accidents and injuries. Such plans and measures should initiate and promote interdepartmental and international cooperation and use funding opportunities effectively for preventive actions and promoting safety. In their implementation, particular attention should be paid to gender

aspects and to vulnerable groups such as children, elderly people, persons with disabilities, vulnerable road users, and to sports and leisure injuries, injuries caused by products and services, violence and self-harm.

- (3) Encourage the introduction of injury prevention and safety promotion, in schools and in training of health and other professionals, so that these groups can serve as competent actors and advisors in the field of injury prevention.

HEREBY INVITES THE COMMISSION TO:

- (1) Gather, process and report Community-wide injury information based on national injury surveillance instruments.
- (2) Facilitate the exchange of information on good practices and on policy actions in the identified priority areas and the dissemination of the information to relevant stakeholders.
- (3) Support Member States in the inclusion of injury prevention knowledge into the training of health and other professionals.
- (4) Carry out Community actions as outlined above by using the resources provided for in the Community Public Health Programme and successor programmes, the general framework for financing Community actions in support of consumer policy ⁽²⁾, the Framework Programme for Research ⁽³⁾ and any other relevant Community programmes.
- (5) Carry out an evaluation report four years after the adoption of this Recommendation to determine whether the measures proposed are working effectively and to assess the need for further actions.

Done at Brussels, 31 May 2007.

For the Council
The President
 F. MÜNTEFERING

⁽¹⁾ Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008) (OJ L 271, 9.10.2002, p. 1).

⁽²⁾ Decision No 20/2004/EC of the European Parliament and of the Council of 8 December 2003 establishing a general framework for financing Community actions in support of consumer policy for the years 2004 to 2007 (OJ L 5, 9.1.2004, p. 1).

⁽³⁾ Decision No 1513/2002/EC of the European Parliament and of the Council of 27 June 2002 concerning the sixth framework programme of the European Community for research, technological development and demonstration activities, contributing to the creation of the European Research Area and to innovation (2002-2006) (OJ L 232, 29.8.2002, p. 1).