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***The need for a  
UK accident  
and injury data  
system, which  
feeds into a  
pan-European  
system***

***Joint call***

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<b>BRE</b>	<i>Building Research Establishment</i>
<b>BSI</b>	<i>British Standards Institution</i>
<b>BSIF</b>	<i>British Safety Industries Federation</i>
<b>CFOA</b>	<i>Chief Fire Officer's Association</i>
<b>ESC</b>	<i>Electrical Safety Council</i>
<b>IHS</b>	<i>Institute of Home Safety</i>
<b>Intertek</b>	
<b>RoSPA</b>	<i>The Royal Society for the Prevention of Accidents</i>
<b>TSI</b>	<i>Trading Standards Institute</i>

## ***The need for a UK accident and injury data system, which feeds into a European system***

### **Injuries: a huge social and financial burden**

Accidents and injuries place a huge burden on societies and individuals. The report, "Injuries in the European Union - Statistics Summary 2008-2010"<sup>1</sup>, reveals that across the European Union, around 5.7 million people are admitted to hospital annually as a result of an injury and 34 million others are treated as outpatients.

According to the NHS (HES online, England, 2011), 1.28 million people were admitted to English hospitals as a result of a serious injury. In the same year, 40 per cent of the population (21.48 million out of a total English population of 53 million) attended Accident & Emergency (A&E) departments and attendances have almost doubled in the last 20 years.

Injuries result in personal suffering and significant financial costs to individuals and families, as well as to employers and the state, in terms of lost earnings, lost production and healthcare costs. The majority of these injuries by far (73 per cent) are due to home and leisure accidents, particularly affecting vulnerable groups such as the less well-off, children, older people and people with disabilities.

The Royal Society for the Prevention of Accidents (RoSPA) estimates that the total societal cost of unintentional injuries in the United Kingdom is at least £150 billion per year, of which home and leisure account for £95 billion (TRL PPR483), road £30 billion (Department for Transport) and workplace £30 billion (Health & Safety Executive).

### **Need for better injury data in the EU**

Most injuries are preventable and hence, so are the related costs to society. Reliable and up-to-date accident and injury data are of huge importance to a wide range of stakeholders including governments, businesses, consumers, standards developers, enforcement authorities and prevention agencies. These data are critical in setting priorities, the development of policy, the determination of preventive actions and public awareness campaigns, the understanding of risk, the design of safety into new products and the development of standards. Data are also needed to evaluate the effectiveness of preventive measures and therefore determine the value of further investment in prevention strategies.

European-level data is valuable when benchmarking the relative performance of Member States and identifying the most cost-effective examples of best practice.

Injury data can be found from several sources within the European Member States. Regrettably, these sources are limited in their size and scope. They are incomplete and insufficient to identify the circumstances in which accidents and injuries occur. Since 2002, for example, when data collection ceased for the UK's Home and Leisure Accident Surveillance Systems (HASS/LASS)<sup>2</sup>, there has not been any systematic analysis of the reasons for the escalating number of people attending A&E. Where it is collected by EU

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<sup>1</sup> Report "Injuries in the European Union - Statistics Summary 2008-2010", Amsterdam, 2013

<sup>2</sup> HASS/LASS: Home and Leisure Accident Surveillance Systems, funded by the then DTI (now BIS) and hosted by RoSPA.

Member States, national injury data cannot be compared with that of other countries. A principal cause is the lack of resources and political commitment in certain Member States, and the lack of EU-level funding and coordination.

Currently, injury surveillance within the EU could be described as operating from an incomplete puzzle of data sources that provides only an indication of the scale of the issue and lacks the detail needed to drive policies and actions.

The need for enhanced investments in injury surveillance has been recognised in a WHO-EURO-Resolution on the Prevention of Injuries<sup>3</sup>; an EU Recommendation on the Prevention of Injuries and the Promotion of Safety<sup>4</sup>; EU Regulation 765/2008 setting out the requirements for accreditation and market surveillance relating to the marketing of products<sup>5</sup>; EU Regulation 1338/2008 on Community statistics on public health<sup>6</sup>, and the European Parliament's Resolution on Revision of the General Product Safety Directive and Market Surveillance<sup>7</sup>.

The OECD has also concluded that, as a result of international trade, consumer safety issues are becoming more complex and difficult to address. Hence, the sharing of information on injuries internationally is seen as key to increasing the efficiency of policy-making and enforcement. The OECD has therefore decided that injury data should be part of its recently-launched consumer-safety portal<sup>8</sup>.

### **The USA provides a good example**

For more than 30 years, the US Consumer Product Safety Commission (US-CPSC) has operated the National Electronic Injury Surveillance System (NEISS). This injury surveillance system operates in a sample of hospital Accident & Emergency Departments (EDs). EDs are the best place to collect injury data as they treat a large variety of injuries of varying degrees of severity. Injury causation data for a large number of cases can be collected at relatively low cost within EDs.

From this sample, the total number of injuries treated in hospital emergency rooms nationwide is estimated. Web access to NEISS allows estimates to be retrieved online, aiding its use by a wide range of stakeholders. The injury estimates produced can be refined through the use of the following filters:

- Product (e.g. how many consumer product-related injuries occurred)
- Locale (e.g. how many injuries occurred in playgrounds)
- Diagnosis (e.g. how many fractures or brain injuries occurred)
- Body part (e.g. how many head injuries were involved)
- Disposition (e.g. how many people were admitted for further treatment)
- Date (e.g. how many injuries were treated in a given year or season)
- Gender and age (e.g. how many injuries occurred to males aged 35-55)

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<sup>3</sup> WHO-EUR/RC55/R9 of 15 September 2005

<sup>4</sup> Recommendation (EC) 2007/C164/01 of 18 July 2007

<sup>5</sup> Regulation (EC) No 765/2008 of 9 July 2008

<sup>6</sup> Regulation (EC) No 354/2008 of 16 December 2008

<sup>7</sup> Resolution of 8 March 2011

<sup>8</sup> OECD, DSTI/CP (2010)3/FINAL

Such a data set can be enhanced by including information on the circumstances of the accident and the injured person's behaviour. ED-based injury data is also relevant to other fields, as one in five injury cases treated in an ED relates to a road traffic accident or a workplace accident.

### **Europe needs to catch up**

In the EU today, only a few countries routinely collect injury data from hospital EDs. Data collection has proven to be feasible and affordable in these countries, although it is clear such effort needs to be supported by adequate financial arrangements between the public authorities and the reporting hospitals.

The additional costs of data collection are only marginal compared with the overall direct medical costs arising from these injuries, the latter being estimated for the entire EU at 78 billion euros per annum<sup>9</sup>. The cost of data collection represents only a small fraction of the direct medical expenditure on the treatment of injuries, while the availability of these data would encourage significant injury reductions, as well as financial benefits far exceeding this additional marginal cost.

The European Commission is supporting a Joint Action on Injury Monitoring in Europe<sup>10</sup> (JAMIE) until early 2014. It aims at extending current injury data collection efforts throughout the EU/EFTA regions, despite the fact that most Member State governments and the European Institutions have failed to give political commitment to the continued exchange of ED-based injury data after 2014.

Only a mandatory reporting requirement on all Member States, coupled with strong leadership by the European Commission, will result in a sustainable system that is comparable with those operating in other regions of the world.

### **Conclusion**

In order to develop and implement effective prevention strategies and monitor their impact, the EU needs comprehensive and comparable information on accidents and injuries. The considerable differences that exist among countries in gathering injury data at the national level obstruct the creation of a level playing-field in Europe for consumers and businesses alike.

Without accurate data, the need for injury prevention policies cannot be properly assessed, nor the effectiveness of such policies implemented at national or EU level. Similarly, there is no way to determine the true return on investments in health and safety made by Member States or the European Institutions.

The EU needs to fulfil its role as an international player and global partner by providing funding for an accident and injury data system that covers the entire region and which meets international good practices, such as those developed by the US-CPSC and the Joint Action on Injury Monitoring in Europe (JAMIE).

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<sup>9</sup> EuroSafe, IDB-JAMIE Manual, Amsterdam 2012

<sup>10</sup> <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3projects-333.htm>