

BUNDESMINISTERIUM FÜR
GESUNDHEIT UND FRAUEN



Austrian Programme For the Prevention of Unintentional Injuries 2006-2010

Federal Ministry for Health and Women





Save 2500 human lives!

Unintentional injuries represent a large burden to health. They are the leading cause of death among adolescents and young adults and the fifth-largest cause of death overall. Approximately 10 percent of all treatment days in Austrian hospitals can be attributed to accidents. Approximately 2500 casualties annually, 9000 disabled persons, and 170,000 hospital admissions mean a significant human obligation to search for ways to reduce this suffering.

To achieve this, we must assign a higher priority to accident prevention both on the political agenda and in human consciousness. Current research shows that significantly more accidents than today could be avoided if proven measures are implemented consistently, if priorities are set correctly, and if through the cooperation of the various stakeholders, people become aware that safety and health are indivisible.

Safety is a central need of human beings and a central duty of the state. This also applies for protection against unintentional injuries.

Compared to other member states of the European Union, Austria is only in the middle when it comes to protection against accidents. If we could achieve the level of the safest states in the European Union, we would have one-third fewer casualties due to accidents. We fail to see why Austria, which occupies top rankings in so many areas, should be only average when it comes to accident prevention.

Therefore, I have asked leading Austrian experts to propose political actions with which Austria can become one of the safest countries in Europe by the year 2010. The present plan for action summarizes these recommendations. If we implement them consistently, we can save 2500 lives by the year 2010.

To achieve this goal, all parties who can make a contribution to increasing safety must cooperate with one another. Required are federal ministries and governments of federal provinces, social insurers and business, but also civil society and all citizens. I invite every Austrian to make his or her contribution to avoiding "premature death."

A handwritten signature in black ink that reads "Maria Rauch-Kallat". The signature is written in a cursive, flowing style.

Maria Rauch-Kallat
Federal Minister for Health and Women

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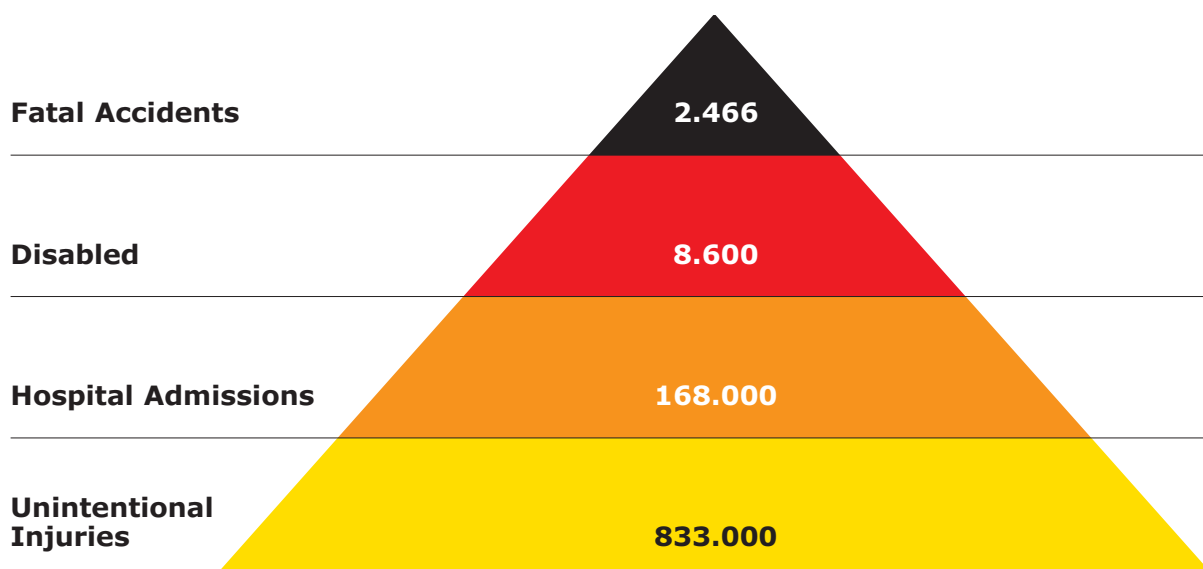
The Need for Action

High health risk due to accidents

Approximately 10 percent of all hospital cases in Austria can be attributed to accidents. Consequent injuries are thus one of the leading causes of illness.

Annually, every tenth Austrian suffers injuries in an accident which require medical treatment; in total there are approximately 833,000. Every fifth injury is so severe that admission to a hospital is required; these are approximately 168,000 cases. On average, seven days of treatment are required, in total approximately 1,221,000. In approximately 8600 cases, the injury causes a lasting disability, and the loss of healthy years of life is correspondingly high.

Accident pyramid 2004 (Source: KfV 2005)



One of the leading causes of death and disability

Death due to accident is the fifth-largest group of causes of death in Austria – after diseases of the circulatory system, neoplasms, diseases of the respiratory system, and of the digestive system. For adolescents and adults up into middle age (between 15 and 39 years), accidents are even the leading cause of death.

In 2004, 2466 people lost their lives in Austria due to an accident. Accidents destroy approximately 60,000 years of life each year. Indeed, the number of casualties is declining. This pleasing development can be attributed in large part to progress in emergency medicine and improved first aid. Therefore, ever more people are surviving even the most serious injuries, but often with the price of lingering disabilities.

High costs and damage to economic productivity

Accidents and injuries are essentially unproductive damage events. In the best case, value creation due to treatment and insurance services means that the state before the accident will be restored.

Just the direct costs for medical treatment, continued salary payments and accident pensions amount to € 3.4 billion. This is approximately 1.5 percent of gross domestic product. The total economic losses including costs of treatment, property damage and productivity losses amount to a multiple of this. Among employed persons alone, accidents cause approximately 348,000 cases of sickness with an average of 21 days absence from the workplace. Overall, the economy lost approximately seven million workdays in 2004; this is 20 percent of all sick days.



Unequally-distributed risks

The number of hospital admissions after home and leisure time accidents has increased by 73 percent since 1980, while in the same time period, the number of occupational and traffic accidents has decreased by half. One reason is that there have been significant investments made in occupational and traffic safety – in contrast to the private sphere. Secondly, due to demographic development, there are increasing numbers of fall injuries to old people, who often require long treatment periods. Domestic accidents, recreational accidents and sports accidents amount to 55 percent of the casualties and 81 percent of the hospital days

Domestic, leisure time and sports accidents primarily affect children, adolescents, and senior citizens – primarily women – that is, groups which require special protection. Socially-disadvantaged groups (people with low income or little training, immigrants and the disabled) also bear an increased accident risk. For these injury-prone population groups and for accidents far from traffic and workplace, there are hardly any systematic programmes for prevention.

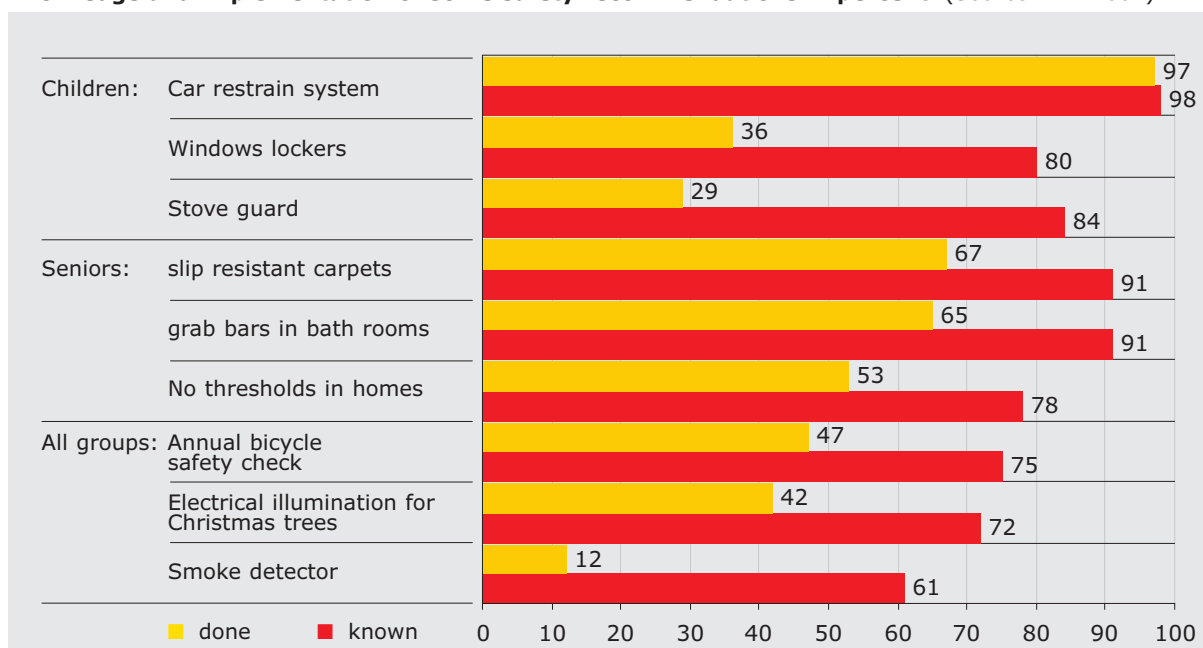


Accidents and injuries can be avoided

In contrast to other causes of poor health and premature death, accident injuries can be avoided relatively easily. This doesn't even always require a change in the behaviour of the people who are exposed to a risk. Many times, changes in the environment, in the systems, the products and services are sufficient. Often, a suitable mixture of technical and legal measures and measures to change behaviour has the greatest effect.

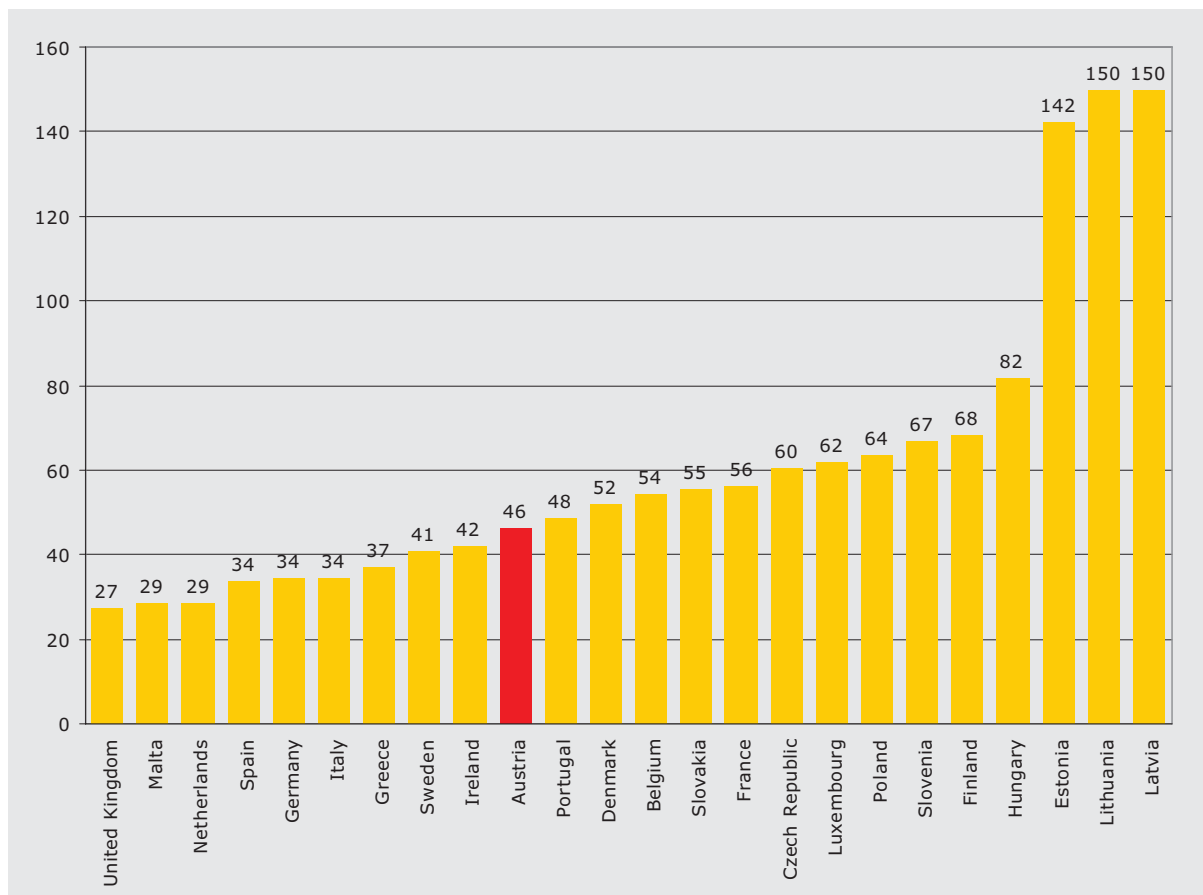
Many measures whose effectiveness is proved, are not implemented universally. A study by the Austrian Road Safety Board (Kuratorium für Verkehrssicherheit) show, for example: Only 12 percent of Austrian households have smoke detectors; only 29 percent of households with small children are equipped with stove guards; in 35 percent of the households with older people, there are no grab bars near the bathtub or shower; and only 15 percent of bicyclists wear bicycle helmets.

Knowledge and implementation of some safety recommendations in percent (Source: KfV 2004)



Better information and advice, safety promotion, additional behavioural incentives, and legal regulations often show positive results in a short time. A good example is the advising service of the "Fonds Sichere Gemeinden" in the federal province of Vorarlberg, whose work reduced the accident rate in Vorarlberg by approximately 15 percent in 10 years; another is the campaign "Growing up safely" (KfV and Safe Kids Austria), which reduced the number of fatal accidents of children by more than 60 percent in 10 years. Proof of the fact that many unintentional injuries can be avoided is also provided by the international comparison of injury rates. In the European Union, Austria – although it is one of the richest countries in the union – is only in the middle overall. Death rates from the year 2002 put Austria only in 9th place. The countries with the best figures (the Netherlands, Malta and Great Britain) show approximately 30 percent fewer casualties due to accidents. If Austria could succeed in achieving the same safety standard as the Netherlands, approximately 750 fewer people would die in our country each year.

Fatal accidents per 100,000 inhabitants (Source: WHO Health for All Database, 2002)



Accident prevention pays off

If you disregard that human suffering, lingering disabilities and death actually elude financial evaluation, safety measures pay off. Increasingly, there is proof that measures are cost-efficient since the savings on treatment costs exceed the cost of preventative measures, often by quite a lot.

In the past ten years, due solely to the reduction of days of inpatient hospital treatment, the "Fonds Sichere Gemeinden" in Vorarlberg, for example, has saved costs which were four times as high as the expenditures for the corresponding safety promotion activity. This money was freed for health services which make more sense than the treatment of avoidable accident injuries.

International recommendations

Based on such findings, the European Committee of the World Health Organization passed a resolution in September 2005 in which the states are invited to put accident prevention higher on the public health agenda and to put national action plans into place. The Directorate General for Public Health and Consumer Protection of the European Commission has come to similar conclusions and made similar recommendations (Communication from the European Commission). The Austrian Ministry for Health and Women has taken up these suggestions. Austria is thus obviously the first country in Europe to present a national action plan for the prevention of unintentional injuries.

The Goals

Austria should become one of the safest countries in the European Union, also when it comes to the prevention of accidents and unintentional injuries.

With the implementation of this plan, by the target year 2010,

- The number of fatal accidents in Austria should be reduced by 25 percent
- The number of fatal accidents involving children should be reduced by 50 percent
- The number of hospital admissions after accidents should be reduced by 10 percent and
- The number of illnesses after accidents should be reduced by 10 percent

This goal is synonymous with a reduction of the number of accident deaths from 2466 to 1850. Thanks to the stepwise reduction of the number of fatalities in the coming years, a total of approximately 2500 human lives should be saved till 2010.

By 2010, there should be fewer deaths (annually, based on figures from 2004) of

- Children20
- Senior citizens100
- Sportspersons50
- Road Users400
- People at work50

Within the European Union, Austria should improve its 9th-place ranking with respect to the death rate due to accidents (of all age groups) and be among the three best countries.

This ambitious goal is realistic because based on the trend (improved emergency medicine, improved treatment methods, increasing esteem of safety) a decline must be assumed in any case. Thanks to the Austrian action plan, this trend will be reinforced in the long run.

Prerequisites for Success

This action plan assumes the following prerequisites, with which it is possible to make life safer for people.

Multiple responsibilities for safety

- Primarily, accident prevention is a task of those institutions which shape risk situations: e.g. road maintenance companies, employers, producers and service providers.
- Secondarily, it is the duty of political institutions responsible for legislation and enforcement of rules, e.g. parliament, federal ministries, regional administrations, communities.
- The independent cooperation of people who are exposed to risks is nearly always necessary, e.g. when driving a vehicle, at work, in recreational activities.
- So that people can assume responsibility for their own actions, they must be able to get the necessary safety information easily. This is the task of those who can provide this information, that is, e.g. schools, private associations, health and welfare organizations, trade and industry.

Individual responsibility and state responsibility

It is neither possible nor desired to force the implementation of all safety recommendations through laws and ordinances. The use of a stove guards to avoid having small children scalded, the heeding of warnings and instructions for use, to abstain from alcohol while doing household repairs, and the mounting of a grab bar in the bathroom to prevent falls by fragile persons require independent action. Effective provision of information should make it easy to become aware of the personal responsibility and to bear it.

If required, legal measures must ensure the efficient information of pupils, customers, members, patients and clients. Where the concern is the protection of third parties, legal norms must guarantee the necessary protection. In addition, laws, technical standards and administrative measures must ensure that products, buildings and services guarantee consumers optimal security. The present plan reveals the possibilities but also the limitations of legislation and administration.

Coordinated procedure

The Federal Ministry for Health and Women is responsible for public health, health promotion, the optimisation of health care, for the provision of data about injuries and information about effective safety measures, for preventative services in the health care sector and regulations for the training of health professions. In the course of its responsibilities, the health department suggests this plan for accident prevention in order to make all stakeholders aware of the significance of the accident problem in order to reinforce efforts for more safety, inspire additional measures, encourage the cooperation of the responsible offices in the federation, federal provinces, social insurance, business and private sectors, and to facilitate the exchange of experience about proven practices. The present action plan is an inclusive suggestion for political measures on all levels for a coordinated approach, but not a plan for an individual law for accident prevention. This document formulates contexts between political frame work on the one hand and measures which can be taken by public institutions, business, civil society and individuals in their own area of responsibility on the other hand.

Subsidiarity

The protection of life is a basic right of citizens addressed by the Austrian constitution. This includes the general right to being protected against accident hazards, for example thanks to information about risks and suitable safety measures. Insofar as there are no explicit duties of the federation with respect to this, the responsibility lies with the federal provinces. Essential legislative competences regarding health, social affairs, construction, family and generational politics, civil protection, tourism and sport lay within the federal provinces. Also for the administration of federal laws relevant in this context, the cooperation of the federal provinces is required. The present plan expressly takes into consideration the significant role of the federal provinces in accident prevention, especially in the areas of home and recreation. An essential strength of federal provinces and communities is their proximity to their citizens.

Cooperation of those responsible

Given the great variety of accidents, the responsibility of many political areas, of the interests and responsibilities which are touched by this plan, a broad process of discussion, activation and cooperation is necessary.

At the conference of the Austrian Safety Commission in November 2004, the Federal Ministry for Health and Women presented the aims of the Austrian action plan to the professional public. The response to this proposal was the unanimous agreement of the conference about these vision. A series of experts from administration and professional institutions brought valuable insights. Throughout, strong interest was expressed in further cooperation on the process.

The successful implementation of the action plan is only possible with the support of many offices. A significant element of this plan is therefore the ongoing exchange with the responsible organs of the administration, social insurance, business and civil society.

Orientation to goals

Accident prevention is part of health promotion and a management task which naturally requires the application of the principles of efficiency, expediency, thrift and goal orientation.

The measures of this programme aim at effect in the sense of the health goals set. It is therefore intended to evaluate the process of implementing the action plan and the hoped-for approaching of the goals at regular intervals. By observing the steps of implementation on the one hand and the development of the accident figures on the other, control of the process and if necessary a readjustment are possible. Interim reports should be presented in 2007 and 2009, and the results report in 2011.

However, numerous measures of the programme will show their effect only after 2010. Improvements in the training of important multipliers can only cause an intensification of the population's state of knowledge in the long term. Changes in construction regulations and financial support schemes for residential construction can only be effective in the long term. Nevertheless, these measures too should be implemented as quickly as possible.

Priorities of the Programme

Limited resources are to be used where there is an urgent need to act and relevant successes can be expected. The following criteria are considered for the setting of priorities: Health risk (rates of fatal injuries and lasting disabilities, loss of life years, loss of healthy life years), chances of success (current safety level, current intensity of prevention efforts, success of model projects, anticipated savings), and special need for protection (when people are subjected to a risk, they are unable to determine a risk or cannot control it). Thus the following priorities arise:



Children

They have a right to particular protection from society because they cannot yet judge risks or can only do so to a limited extent, they often have no choice and must depend on adults. The loss of years of life and of healthy years of life is the highest for children. Despite significant progress in the last decade, childhood accidents are still one of the leading causes of death.

Senior citizens

In Austria, more old people die from the consequences of falls as from vehicle accidents. The health and social costs of falls amount to approximately half of total burden. Due to the population development, this problem will increase. Many accidents could be avoided easily with the removal of fall hazards; nevertheless there are few extensive accident prevention programmes. Old people often need help.



Sportspersons

Involvement in sports is inevitably associated with a certain risk of injury. However, sports injuries are so frequent that the health gain due to sports involvement is reduced by more than half, and people frequently avoid sporting activity due to the risk of injury. From a health-political point of view, the two goals, namely to encourage more people to exercise and to reduce the risk of injury, must be achieved simultaneously. Comparatively many fatal sports accidents occur in the mountains, where many foreign tourists are affected. The number of fatalities in the mountains has remained nearly unchanged for decades.



Road users

The health risk due to traffic accidents remains very high despite a decline in the number of fatalities. The risk of each individual of being injured in a road accident has hardly changed in 50 years. The number of lingering disabilities after severe traffic accidents is increasing. Pedestrians and bicyclists are not just endangered by motorised vehicles, but also due falls without counterparts. Many of the injuries can be avoided with a corresponding design of the public space. The disabled are subject to special hazards.

People in the workplace

The number of occupational accidents and the people killed in these has been declining for years – thanks to intensive efforts towards more safety in the workplace. But now as before, occupational accidents make up a significant portion of the health risks due to accidents. In the workplace, the extent of third-party determination is especially high, which is why occupational accidents are a central field of activity for accident prevention.



Strategies of the Programme

This action plan essentially pursues five strategies to which the individual measures can be assigned relatively clearly.

Increasing the security of the environment

Technical measures to prevent danger or for personal protection are generally the most reliable. Where such possibilities exist, they should be used as a matter of routine. If required and acceptable, direct legal standards should also be created.

Reinforcement of individual responsibility

The institutions which are specifically responsible for informing citizens about safety and health issues – especially in the health care sector, in welfare, in the education sector – should regard accident prevention as an important part of their tasks. Campaigns should bring the safety recommendations of the most important fields of activity of this programme to the people.

Improvement of the qualification of relevant professional groups

Members of professions which could make a particular contribution to accident prevention – for example by advising their patients, clients, members or customers – should be in a position to fulfil these duties expertly and efficiently. The necessary knowledge should be communicated by default in the professional training plans and further training courses.

Support of stakeholders with data and information

The data required for purposeful prevention should be collected as a matter of routine and made available to decision-makers, multipliers and all interested people on all levels and in all sectors in suitable form. The exchange of experience should be facilitated and information about models of good practice made available.

Planning, coordination and evaluation

Decision-makers on all levels and in all sectors should be conscious of how they can contribute to the reduction of health risks due to accidents. Accident prevention should become a joint concern of the responsible state and private organs. Broad cooperation should therefore be facilitated. The progress in the implementation of the programme should be evaluated at regular intervals.

Measures of the Programme

1. Increasing the security of the surroundings

1.1. Increase of the user safety of buildings:

As a consequence of an agreement according to §15a of the Austrian constitution, uniform technical guidelines taking into particular consideration the aspect of safety for users of all age groups and by the disabled and sick will be formulated for construction laws federation-wide. A series of safety-relevant provisions are currently not or are inconsistently anchored in the Austrian construction laws (grab bars, hand rails, marking of stairs, illumination, window locks, fire prevention equipment, etc.). All effective and economically-feasible technical measures for the increase of security of residents should be prescribed. Here, special consideration must be made of the needs of weak population groups (children, seniors, the disabled).

1.2. Encouragement of barrier-free construction:

Barrier-free and senior-appropriate construction should also be encouraged in private construction through effective measures, especially through the change of the corresponding support schemes. Maximum financial support should only be given if guidelines for barrier-free and senior-friendly construction are adhered to, especially low-barrier access to the building and to the most important living space, spatial opportunity for after-the-fact installation of a lift or stair lift, passage width of at least 80 cm for doors, sufficiently-large toilets and bathrooms.

1.3. Repair services for senior apartments:

Suitable programmes should make it easier for seniors to remove accident hazards in their apartments. The combination of systematic consulting offerings by welfare organisations, a repair service which offers all necessary renovation measures from a single source, and financial assistance for the needy.

1.4. Low-barrier design of footpaths:

The expansion and renovation of footpaths should be encouraged. The long-term goal is to make footpaths free of stumbling blocks so that they correspond to the special needs of the disabled and old people (sufficient width, level but slip-free surface, no high edge stones, no unusual hindrances, curb cuts at street crossings, advanced caps in the crossing zones, few detours, etc.). All residences in rural areas should have continuous access via a connection to the footpath network. Those who work on behalf of seniors' interests (seniors' associations) should be consulted during street construction projects.

1.5. Mandatory bicycle helmets for children:

Through a corresponding new StVO amendment, children up to 14 years of age may only ride on public streets with a bicycle helmet. Such an obligation will primarily be supported by parents in order to better protect children. In the medium term, the bicycle helmet obligation for children will also have a beneficial effect on other age groups (model of the parents, habituation to the bicycle helmet).

1.6. Expansion of bicycle paths:

Der Ausbau von Radfahranlagen soll gefördert werden. Radwege leisten einen The expansion of bicycle paths should be encouraged. Bicycle paths make a significant contribution to the safety if they correspond to modern traffic-technology insights (sufficient breadth, surface coating, curve radii, management in the crossing area, etc.). The long-term goal is to have an extensive bicycle path network in both rural and urban areas.

1.7. Binding regulations for sports service providers:

Service providers in the sports sectors (companies and associations) should be required by suitable laws, ordinances and other standards to adhere to as high as possible a safety level if the exercise of this type of sport is bound to services and if there is a significant injury risk. This especially affects snow sports, ball sports, water sports, aviation sports, racing sports, mountain sports, equine sports. One strategy is vertical regulations with respect to the design and maintenance of sports areas, binding behaviour regulations for users such as house, area and ski slope ordinances, and the necessary qualification and work regulations for instructors, trainers, etc. Another is the horizontal obligation for the proof of corresponding quality and safety systems with which particular protective goals are achieved.

1.8. Increase of safety in the mountains:

Individual catastrophes call the danger of the mountains to mind, but annually an average of 350 people die due to accidents in Austria's mountains (200 Austrians and 150 foreign guests). Special efforts should be made to reduce this number. In particular, tourists should be able to get the information necessary for their safety in their mother tongues directly from the service providers in the regions.

1.9. Optimisation of the execution of the product safety laws:

In particular, the risk evaluation of products and services should be systematised with the goal of causing intervention of the authorities not just in complaints but also in objective injury frequencies. It should be checked whether by combining different administrative offices in a federal agency, the efficiency with which the law is executed can be increased.

1.10. Expansion of consumer representation in the composition of standards:

The standards for consumer products are often formulated exclusively by the producers. The view of the consumer and those of safety research are thus frequently not considered sufficiently. It should be ensured that – in an internationally labour-divided process – consumer representatives and safety researchers participate in the standardising process in order to bring in safety viewpoints.

1.11. Specific technical measures:

Some known dangers which continuously cause fatal accidents can be eliminated with specific regulations. For example, artificial bodies of water in the private sector (ponds, pools) should be secured such that small children without supervision have no unhindered access to them. Improved product standards prevent the strangulation of children with sport helmets. For existing lift facilities, the after-the-fact installation of lift cage doors is encouraged and up to a particular deadline (for example by 2015) legally prescribed.

1.12. Intensification of workplace accident prevention:

Despite intensive efforts and the achievement of a relatively high level of protection, potential for improvement is not yet exhausted. Thanks to a reinforcement of the advising services of responsible insurances in cooperation with occupational inspectors, an additional reduction especially of fatal accidents (e.g. due to campaigns for the industries especially effected) should be achieved.

1.13. Safety in school and on the way to school:

Measures for guaranteeing the highest possible protection level in school and on the way to school should be continued and optimised on an ongoing basis. These measures should be linked systematically with an efficient training for the appropriate handling of risks (safety training).

1.14. Implementation of the traffic safety programme:

Safety measures in the traffic area promise the greatest savings in casualties. The Austrian Programme for Road Safety by the Federal ministry for Transport, Innovation and Technology should be implemented rapidly.

2. Reinforcement of individual responsibility

2.1. Reinforcement of the information activities of health insurances:

The health insurances are obligated to inform their insured parties about dangers due to non-occupational accidents (§154b ASVG), given the many obligations of the companies, however, the intensity and effect of this service are low. In agreement with the health insurances, the MoH will seek solutions in order to increase the effectiveness of their information activities. Essentially, children, householders, people participating in sports and seniors should not be disadvantaged as compared to employed people regarding the access to safety information.

2.2. Annual campaigns for accident prevention:

To handle the priorities of the national action plan (childhood accidents, senior accidents, road accidents, sport accidents), starting in 2007, a campaign should be conducted annually. The campaigns should not consist primarily of advertising measures, but rather of the provision and promulgation of suitable tools for multipliers. The financing of the campaigns should be handled by the legally-responsible institutions such as the federal health agency, state health funds, Austrian health promotion fund in cooperation with sponsors, that is, require no additional budget resources.

2.3. Prevention by federal health agency and state health funds:

In the §15a agreement of the federal provinces about the organisation and financing of health care, the goal of reinforcing health promotion and prevention is specified. Accident prevention should be developed as one of the preventative programmes of the federal health agency and the state health funds.

2.4. Accident prevention in the federal programmes of health promotion:

Accident prevention is one of the priorities of the health promotion programme of the BMGF. The BMGF will check whether a sharper focus on the problem of household, recreational and sports industries by the Austrian health promotion fund is possible.

2.5. Consideration of accident prevention in occupational health promotion:

Integrated approaches to accident prevention (safety in the workplace, prevention of employees' recreational accidents, safety of customers) promise companies advantages (reduction of sick days, higher employee satisfaction, image gain with customers, higher quality orientation). Such programmes should be encouraged. The companies will be invited to integrate measures for preventing non-occupational accidents into their operational safety promotion.

2.6. Coupling of sports promotion to health promotion:

in sports in general it should be ensured that associations use public funds to create effective programmes to reduce the occurrence of injury. The frequency of sports injuries is one reason why people can abstain from the exercise they should be getting. In agreement with the federal secretariat for sports and the province governments, associations should be invited to establish reporting systems about their members' sports injuries, to nominate people responsible for safety and to implement programmes for accident prevention.

2.7. Promotion of accident research:

Universities and non-university research institutions as well as their respective administrative offices will be invited to redouble their efforts to research accident causes and methods of accident prevention. There is no other group of health risks which causes as many fatalities and is so little researched. Educational events, projects, research programmes and offices should be established, especially at the medical universities.

2.8. New developments in the civil protection laws:

Accidents are catastrophes for individual people. The federal provinces will be invited to check whether it would advance the goal to have civil protection institutions such as civil protection associations and self-protection information centres inform about the prevention of accidents in the future.

3. Improvement of the qualification of relevant professional groups

3.1. Accident prevention in the training of relevant health professions:

Members of health professions, especially general physicians, pediatricians, public health officers, school doctors, nurses, midwives, lactation consultants, home health aides, health psychologists, ergotherapy providers, etc. could be important carriers of opinions and consultants thanks to their patient contact and their good reputation. Currently these decisive groups are learning too little about accident hazards and their prevention. Corresponding laws and ordinances should be checked accordingly and reworked if necessary.

3.2. Accident prevention in the training of relevant social professions:

Members of many social professions, especially social workers, administrators, home aides, home health aides can also carry information about accident prevention and thus benefit their clients. Corresponding ordinances about the training and education of welfare professions should therefore be checked and suggestions developed for the inclusion of accident prevention.

3.3. Systematisation of the training for health, safety and environmental protection:

An independent teaching subject "health, safety and environmental protection" could reduce the systematics of corresponding teaching contents, create synergies and improve the efficiency of school teaching with respect to this. The Federal Ministry for Education, Science and Culture will be invited to check corresponding opportunities for improvement..

3.4. Accident prevention in the training of relevant pedagogical professions:

Essential opinion leaders such as kindergarten teachers, elementary school teachers, professional school teachers currently experience too little about the bases of the arising of accidents and the possibilities for preventing them. Accidents are seen as bad luck or often incorrectly as individual failure. Corresponding possibilities for improvement should be checked and implemented if necessary.

3.5. Accident prevention in the training of relevant trade professions:

Other decisive opinion leaders such as installers, builders, salespeople in DIY superstores and sports stores currently learn too little in their training about accident occurrence and accident prevention in order to be able to advise their customers in this respect. Corresponding possibilities for improvement should be checked and implemented if necessary.

3.6. Accident prevention in the training of trainers and sports instructors:

In the training of sports instructors and spotters, health promotion, accident prevention and safety should be anchored to a still greater extent. The goals of sports and exercise promotion as well as safety and accident prevention must be achieved simultaneously in order to drive forward sports and exercise as one of the main strategies for health promotion. Corresponding possibilities for improvement should be checked and implemented if necessary.

3.7. Accident prevention as a topic in relevant academic courses of study:

Especially in many technical professions such as architects, construction engineers, mechanical engineers, in addition to knowledge of general principles of risk control, special knowledge of concrete accident hazards and safety measures is required. Corresponding possibilities for courses of study should be checked and implemented if necessary.

4. Support of decision-makers with data and information

4.1. Reports about the health risks due to accidents:

An extensive report about the health consequences of accidents in all areas of life should be published annually. This should provide information about causes, trends and follow-up costs and serve as the basis for the implementation of the Austrian accident prevention programme. Here too, the capability of existing expert organizations should be used.

4.2. Recording of accident causes:

For the purposeful combating of accident occurrence, detailed information about accident causes is required. In case of traffic accidents, data collection is handled by the executive; for occupational accidents by the responsible insurances. In case of domestic and recreational accidents, the causes are recorded according to the EU standard (European Injury Data Base by the DG Sanco). This is currently handled by the Kuratorium für Verkehrssicherheit with support from the Ministry of Social Affairs. The collection should be continued, enhanced, and placed on a reliable legal basis.

4.3. Austrian competence centres for accident prevention:

Statistical information and information about proven prevention practices should be easily accessible to the responsible resources in the federation and the provinces, and should not have to be worked out over and over. With respect to this, the capacity of proven expert organisations such as Allgemeine Unfallversicherungsanstalt (risks in the workplace) or the Kuratorium für Verkehrssicherheit (risks in traffic and in the private arena) should be secured and expanded.

4.4. Regional advising offices for accident prevention:

For the advising of communities and local institutions from Kindergartens on through to the seniors' home, institutions in the provinces close to the citizens are best suited. Ideally, such institutions will be supported jointly by the most important bearers of the follow-up costs (province, communities, social insurances). The MoH and provinces and communities are invited to check the feasibility and benefits of such institutions.

5. Planning, coordination and evaluation

5.1. Responsible central office:

The MoH will take over the coordination of the implementation of the programme. Among its tasks are especially cooperation with other resources, the federal provinces, social insurances and other expert institutions.

5.2. Progress reports:

To control the progress of the implementation of the programme, the intention is to publish progress reports in the years 2007 and 2009 and a results report in 2011. Independent experts can be commissioned with the creation of such reports.

5.3. Special plans for priorities of this overall plan:

For the named priorities of the programme, under the leadership of the responsible resources, special plans should be formulated insofar as such plans do not yet exist or are under construction. For the traffic area, the traffic safety programme of the Ministry of Transport is a valid basis. On the topic of child safety, the MoH is already working on an action plan.

5.4. Accident prevention plans of the federal states and plans for large communities:

Given states' and communities' many important responsibilities for the security of their citizens, coordinated programmes on this level would be desirable. Ideally, these plans would be coordinated with the overall plan in order to be able to achieve as much success as possible.

5.5. Annual accident prevention conferences:

For advice about measures for the implementation of the action plan, for the coordination of regional and thematic undertakings, for the exchange of experience and the initiation of annual campaigns, starting in 2007, national conferences should be held. As participants, important stakeholders and multipliers should be won over.

5.6. International exchange of experience:

The MoH will continue to take active part in the international exchange of experience on the topic of prevention of accidents and injuries, especially in the European Union and in the European region of the WHO in order to introduce Austrian data and experiences in order to compare one country with another and be able to profit from the experiences of others.

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Death due to accident is the leading cause of fatalities of adolescents and adults up into middle age (between 15 and 39 years). Current research findings demonstrate that considerably more accidents than today could be prevented. The Austrian programme for the prevention of unintentional injuries summarizes recommendations for political actions, aiming at a significant reduction of unintentional injuries by the year 2010.

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