

SAFESTRAT
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'Products & Services Module'
A flexible IDB feature to make IDB more attractive
Method and Feasibility

by

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1 Introduction

Data on accidents and injuries are a key element in a well-founded product and service risk assessment¹. From the study “Improving the product and service dimension in the IDB”² it turned out that an IDB in-depth module (i.e. questionnaires filled in by a selection of IDB injury victims) is one way to collect additional data on product and service related accidents and injuries with a reasonably high quality standard.

Within the SafeStrat project various contacts with potential IDB users, in particular DG Sanco B3 (Product Safety), confirmed the need for more timely and more detailed IDB data in order to increase the utility of IDB data for product and service risk assessment (see minutes of Meeting with Sanco B3 and Eurostat on May 31st, 2007).

As a slight extension of the foreseen provision of a standard IDB data entry tool within the SafeStrat project (objective “IT-Tools”) a short-term feasibility study of an “in-depth Product and Service Module” in addition to the standard contents of the IDB was proposed and accepted by DG Sanco as contract amendment: “The need for the development of an additional flexible software interface for additional data entry modules (for groups of injuries which are of temporary interest) and flexible data entry modules for product and service details, as part of the foreseen standard data entry IT-tool for NDAs.”.

This flexible IDB feature or so called ‘Products & Services Module’ was tested for selected products & services in the period from March to June 2008 in Austria and Malta, the two countries that were participating also in the original “IT Tools” development and roll-out.

2 Objectives

The additional ‘Products & Services Module’ should enable to gather more detailed information regarding specific product and service related injuries – or also other specific types of accidents and injuries - through a defined prospective IDB data collection procedure that can be deployed ad hoc in several countries.

Besides the actual examples of additional ‘Products & Services’ data the main objective of this study was to evaluate the feasibility of actual implementation of this data collection mechanism.

Thus, the objectives of this study can be summarized as follows:

- 1 Development of more flexible data entry modules for product and service details as part of the foreseen standard data entry IT-tool for NDAs (national additional questionnaire for groups of injuries which are of temporary interest)
- 2 Evaluation among the IDB NDAs of the feasibility of a coordinated and regular implementation of an ad-hoc in-depth module
- 3 Provision of a concrete examples of results from the application of an in-depth product and service module

¹ Risk Assessment in Product Safety. Internal paper. DG Sanco B3

² IDB SANCO Tender 2006 (participating countries: Austria, Denmark, France, the Netherlands and Malta)

3 Description of work

For the achievement of these objectives the following tasks were carried out:

Task 1	Development of a prospective methodology for the temporary use of in-depth questionnaires for selected consumer products and services within the regular IDB data collection
Task 2	Implementation of Products & Services Module
Task 3	Analysis and Data Report
Task 4	NDA survey about the feasibility of actual implementation of this data collection mechanism

The description of work that has been carried out relates to the specific tasks listed above.

3.1 Task 1: Development of a prospective methodology

Step 1 Determination of products and services in cooperation with DG Sanco B3.

Both countries (Austria and Malta) agreed to focus on following product groups:

- Infant or child products (product group 6 in the All Injury coding manual)
- Equipment mainly used for sports/recreational activity (product group 10 in the All Injury coding manual)

List of selected products:

Infant or Child Products (product group 6 according All Injury Coding Manual) with following main categories:

- ⇒ 6.01 Baby or childcare article
- ⇒ 6.02 Toys
- ⇒ 6.03 Playground Equipment
- ⇒ 6.98 Other specified infant or child product
- ⇒ 6.99 Unspecified infant or child product

Equipment mainly used for sports/recreational activity (product group 10 according All Injury Manual) with following main categories:

- ⇒ 10.01 Ball used in sport
- ⇒ 10.02 Hand-held equipment

- ⇒ 10.03 Equipment/structure for playing sports and exercise
- ⇒ 10.04 Equipment with wheels or designed for movement, mainly for use in sports/ recreational activity
- ⇒ 10.05 Underwater diving/scuba equipment
- ⇒ 10.98 Other specified equipment for sports/recreational activity
- ⇒ 10.99 Unspecified equipment for sports/recreational activity

Step 2 Development of questionnaires

After the determination of the products and the definition of services the two questionnaires (product related as well as service related injuries) for a flexible use within the regular IDB data collection had to be developed
Find both questionnaires in the Annex.

Which additional questions were asked?

1. For products involved in an injury

- a.) Please specify the product(s) involved in the accident (inclusive product designation, type of product(s), brand name and remarkable details).
- b.) How/When was the product acquired?
- c.) Where was the product acquired?
- d.) Which product-related aspects played a role in the occurrence of the accident?
- e.) Which user-related aspects played a role in the occurrence of the accidents?
- f.) The product could be modified to prevent a similar incidence by following action.

Supplementarily, the interviewers had the possibility of a textual description in a narrative field to give other additional information regarding the involved product

1. For services involved in an injury

- a.) Did the accident occur during the delivery of a service for which you or somebody else on your behalf paid for (e.g. entrance fee, guided tour, rental of equipment etc.)?
- b.) Please specify the type of service provided.
- c.) Which of the following object-related aspects played a role in the occurrence of the injury?
- d.) Which of the following behavior-related aspects played a role in the occurrence of the injury?
- e.) The service provider could improve the service in order to prevent similar incidences in the future by following action.

Supplementarily, the interviewers had the possibility of a textual description in a narrative field to give other additional information regarding the involved product

Step 3 Translation of the questionnaires

After the finalization of the selection process of the questions to be used for this pilot study on products and services the questionnaires were translated into the German and Maltese language.

3.2 Task 2: Implementation of Products & Services Module

Step 1 Development of interviewer guideline

An additional interviewer guideline was developed and within the briefing all relevant aspects of the additional modules, some examples and possible complications were discussed.

Step 2 Implementation phase

After the training phase with our interviewers the questionnaires were implemented in six IDB hospitals (face-to-face interviews) in Austria as part of “NDA module” of the standard IDB data entry software.

Austria Possible complications during the collection phase were evaluated by regular feedback from our interviewers and therefore some modifications in the collection method could be carried out.

All interviewers sent the collected data to the IDB Austria Server via the newly developed data transmission module of the standard IDB data entry software, where the data was entered into a database system. These files were delivered to KfV in a two-week period.

Malta In Malta additional data were collected from the Emergency Department at Gozo General Hospital and Mater Dei Hospital. All eligible persons were contacted and interviewed by telephone and the data directly entered in the software module.

3.3 Task 3: Analysis and Report of the “Product and Service Module” data

Step 1 Analysis of data

The additional module data were intrinsically linked to standard IDB data of the same case and submitted the routine quality controls of the IDB standard data set. The data were analysed with the statistical program SPSS.

Step 2 Data report (see chapter Results)

Step 3 Evaluation of the pilot implementations and results (Austria and Malta)

- Benefits of flexible IT tool
- Needs for a possible implementation
- Reported problems
- Suggestions or recommendations

3.4 Task 4: Feasibility Survey regarding the regular application of the in-depth module

Step 1 Development of the following questionnaire:

Questionnaire for IDB NDAs
Feasibility of ad hoc in-depth survey within the IDB
("IDB flash studies")



Context and purpose of **"IDB flash studies"**: Within the project SafeStrat (WP 4) a feasibility study on a 'Products & Services Module' is carried out ("flash studies"). With this questionnaire we want to know primarily to what extent it would be possible for you to receive additional ad hoc information regarding a certain temporary interest within a specified time (e.g., product or service related injuries). Please help us in answering the following questions:

1. What benefits are of interest for you/your organisation (please double click and select 'activated')
 - To have timely in depth information on a recent issue in Product Safety and/or in Injury Prevention in general (e.g. new products, services, types of sports)
 - To have additional "flash cases" and reports available from other IDB countries for a better evidence base
 - To have the possibility to conduct flash studies in your own country on demand for third parties to (e.g., ministries or also commercial & product safety administration)
 - Other benefits you could think of?
2. What do you need for a possible implementation of an ad hoc in-depth questionnaire in addition to the standard IDB data collection in your IDB implementation?
 - ➔ Costs
 - ➔ Additional resources
 - ➔ Software adoptions

- ➔ Data handling
- ➔ Guideline translation
- ➔ Training of data collectors
- ➔ Flow of data information
- ➔ Other needs

3. Can you provide us with an offer?
3a) No, why?

4. Do you localize specific problems and difficulties regarding a realization of flash studies in your IDB implementation?

Yes No

4a) If yes, please specify

5. Additional comments

Thank you for your contribution.

Step 2 Interviews (Contact per e-mail or phone)

The Following NDAs with IDB implementation were addressed

Country	Surname	Forename
Austria	Bauer	Robert
Cyprus	Pavlou	Pavlos
Denmark	Møller	Hanne
France	Thelot Nectoux	Bertrand Marc
Germany	Ellsäßer	Gabrielle
Ireland	Williamson	Eileen
Italy	Pitidis	Alessio
Latvia	Janis	Misins
Malta	Pace-Asciak	Renzo
Netherlands	Mulder	Saakje
Portugal	Nunes	Baltazar
Sweden	Tennlind	Anders
UK/Wales	Lyon	Ronan

4 Results

4.1 Results of in-depth “Product and Service Module” data collection

This flexible IDB feature or so called ‘Products & Services Module’ was tested for selected products & services in the period from March to June 2008 in Austria and Malta, the two countries that were participating also in the original “IT Tools” development and roll-out. The focus was on two different product groups according to the All Injury Coding Manual (Austria and Malta):

- Infant or child products (see description of work for detailed codes),
- Equipment mainly used for sports/recreational activity (see description of work for detailed codes),

and

- “service related injuries” in general (Austria), subjectively identified by the injury patient or an accompanying person

The results by country and each question of the IDB in-depth are presenters in chap. 4.1.1 (Austria) and chap. 4.1.2 (Malta). The main results from the specific questions of the in-depth module The main results from the specific questions of the in-depth module are summarized below:

In-depth Product Module

- In-depth product module question: **Point of Purchase/Type of Shop**

It turned out that over 90 percent of all infant or child products were bought in Austria. This applies also for more than 75 percent in the category of sports equipment. It is interesting to note that further 22 percent stated that they bought their sports equipment in a Non-European country. Moreover about 50 percent of the products, which were involved in the accident, were bought new. Rented or second hand obtained products only played a minor role. Aside from that it is also mentionable that in Austria nearly 59 percent of sports equipment was bought in specialized stores. This applies only for about 36 percent in the category of infant and child products.

In Malta the situation is similar to Austria. 97 percent of all products were bought in Malta and nearly 47 percent of the products involved in the accidents were acquired new.

- In-depth product module question: **Reason of Accident**

About 54 percent of the injured patients with an infant or child product involved and 44 percent with injuries involved sports equipment stated that stress, hurry or hecticness caused the accident. According to the injured persons this is the main reason for their accidents in both product categories.

The second leading cause of injuries in the category of infant and child products is ‘being unpractised/ overstrained’ and ‘third party fault’ (15.2 percent each) 14 percent in the sport category named soil conditions as reason for their accident (mostly ski accidents).

- In-depth product module question: **Product related Aspects**

Austria: Only about 8 percent of the injured persons with sports equipment involved in the accident stated that the product somehow was responsible for the injury: For instance a part of the product was defect, the product was unstable or not strong enough, there was false description/user information or the product had a dangerous shape, size or surface.

Most asked persons don't believe that the product can be blamed for the accident (Nearly 79 percent in the category of infant products and about 64 percent in the sports products category).

In Malta as well over 80 percent of the asked persons declared that the accident was not caused by any defects of the respective products.

- In-depth product module question: **Behaviour related Aspects**

Unlike the product related aspects this question was affirmed by almost 51 percent of injured persons within the product group infant or child products in Austria. 'Lack of supervision in case of child's involvement' (24 percent) is the most stated reason.

In the sports category a third of the injured persons believes that a behaviour related aspect played a role in the occurrence of the accident, for instance the user was distracted or unobservant. More than 25 percent named other behaviour related reasons as the response options in the questionnaire.

In Malta 'Lack of supervision in case of child's involvement' is the most stated reason as well (19 percent) and 14 percent of the injured persons admitted that they were distracted or unobservant.

- In-depth product module question: **Suggestion for Prevention**

Nearly 82 percent of the asked Austrians (infant or child products) think that the product can not be modified to prevent a similar incidence. Altogether only 9 percent of the injured persons chose a category from the list of potential answers for instance improving better safeguards or providing better warnings to the users.

About 72 percent of the asked persons in the sport category think that the product cannot be modified to prevent a similar incidence as well. About 27 percent believe that there could be other improvements than the suggested response options in the questionnaire.

In Malta in fact 90 percent declared that the products cannot be modified to prevent a similar incidence. Though, 8 percent do believe that better safeguards or warnings to the user could help to reduce such accidents.

In-depth Service Module

- In-depth service module question: **Product related Aspects**

Compared to the 'Product Module' much more people (altogether 21 percent) stated that a product related aspect within the service played a role in the occurrence of the accident. Though, most asked persons (79 percent) think that a product related aspect could not be blamed for the injury.

- In-depth service module question: **Behaviour related Aspects**

It is very interesting to note that altogether 86 percent of the injured persons think that a behaviour-related aspect played a role in the occurrence of the accident. More than 60 percent gave levity or carelessness as a reason for the accident.

- In-depth service module question: **Suggestion for Prevention**

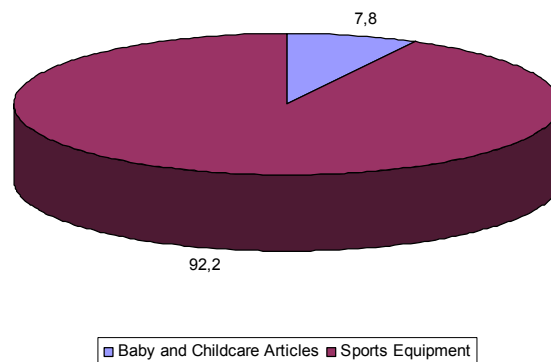
Over 60 percent think that the service per se cannot be modified. Though, about 38 percent believe that there are possibilities to improve the service in order to prevent similar incidences in the future (e.g. installing better safeguards or better training for the staff). For detailed results see the following analyses of data.

4.1.1 Austria

4.1.1.1 Analysis of product related injuries

The additional questionnaires were implemented in six IDB hospitals (face-to-face interviews) in Austria as part of “NDA module” of the standard IDB data entry software. The data of 4242 injured persons could be collected during the pilot period and in 10 percent of these cases the additional product module was applied.

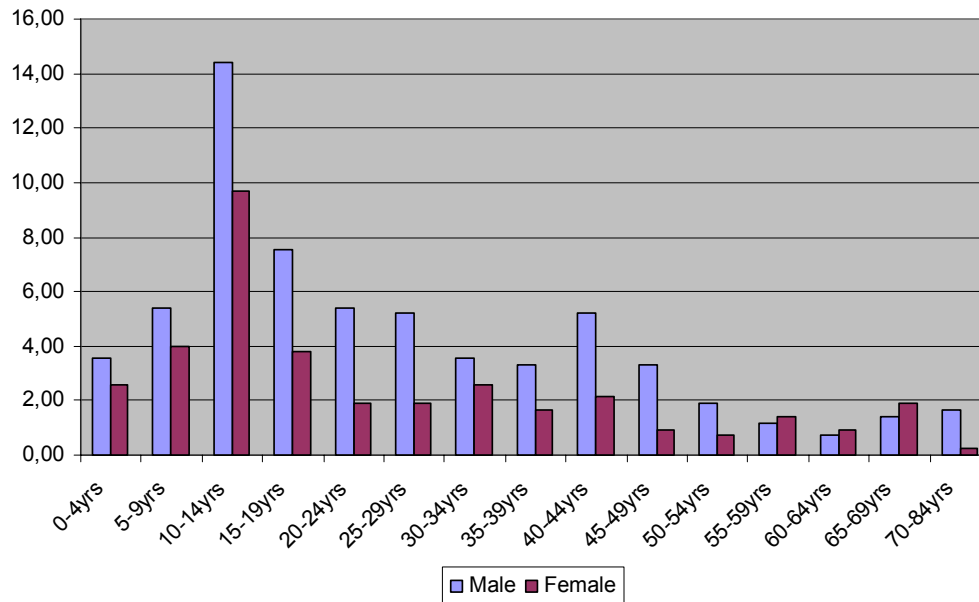
Figure 1: Distribution of Product Groups



A product from the category “infant or child products” or “equipment mainly used for sports/recreational activity” was involved in the accident in 10 percent (n=424) of all collected injuries.

In more than 92 percent of these 424 accidents sports equipment was involved. In about 8 percent of all collected cases infant or child products were involved.

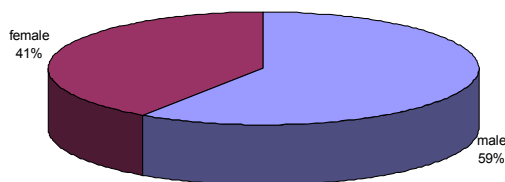
Figure 2: Age and Sex of Injured Persons



With altogether 24 percent the category of the 10 to 14 years old persons showed the most injuries involving products of the coding group 6 (infant or child products) or 10 (sport equipment). Moreover it's noticeable that altogether nearly 64 percent of the injured persons were male.

The distribution of sex broken down to both product groups is shown in the graphs below.

Figure 3: Sex - Infant or Child Products



Again it is interesting to see that in both product groups with 60.6 percent (infant or child products) and 63.9 percent (equipment mainly used for sports and recreational activity) approximately two thirds of the injuries are related to boys and young men.

Figure 4: Sex - Sports Equipment

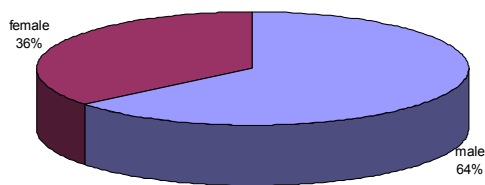
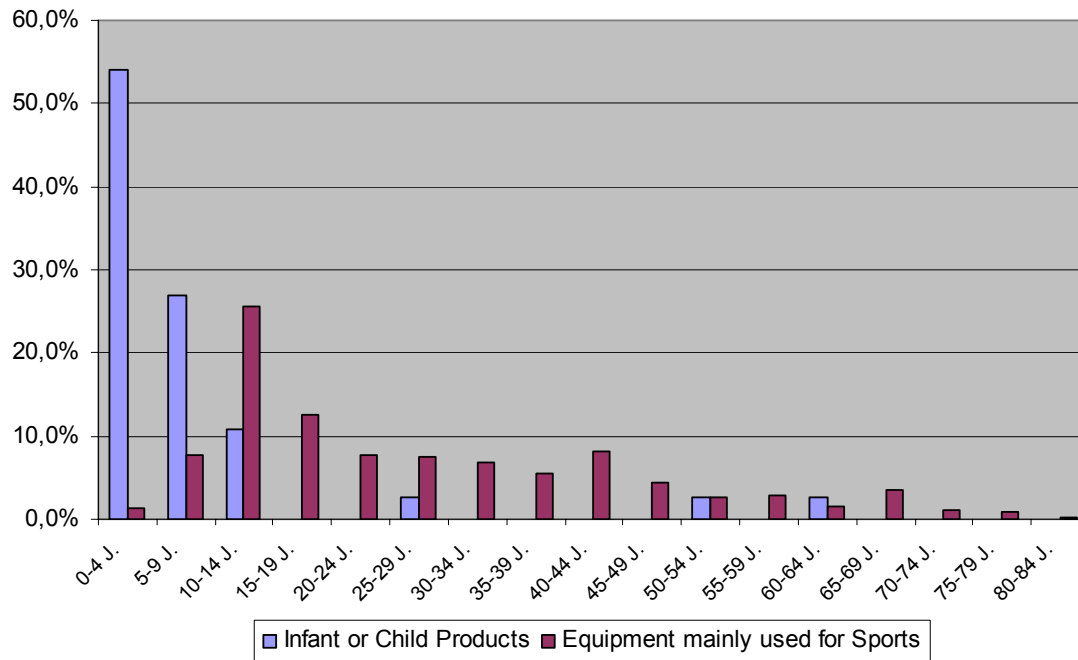
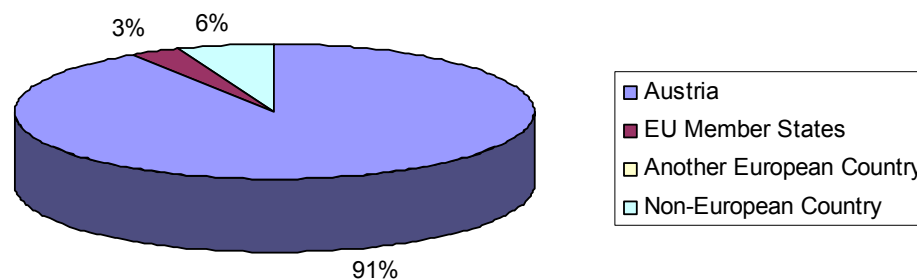


Figure 5: Age – Infant or Child Products & Sports Equipment



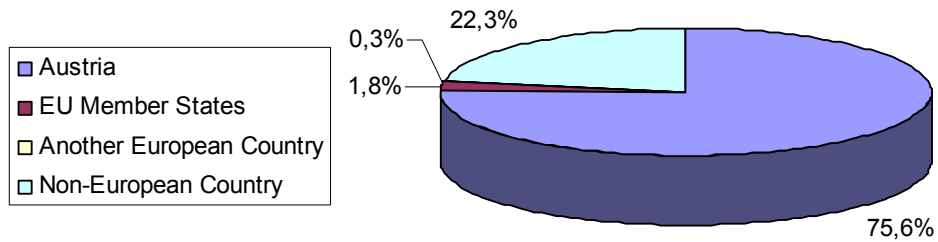
The age of the asked patients ranged from 0 to 84 years. Mainly children aged 0 to 14 years (altogether nearly 92 percent) were injured in accidents with an 'Infant or Child Product' involvement. Most injuries with sport equipment involved happened in the age of 10 to 19 years.

Figure 6: Point of Purchase - Infant or Child Products



91 percent of all infant or child products were bought in Austria. As seen in the following illustration the points of purchases for sports equipment are distributed slightly different. It appears that it's more important for consumers of baby and child products to buy certain products in their home country.

Figure 7: Point of Purchase - Sports Equipment



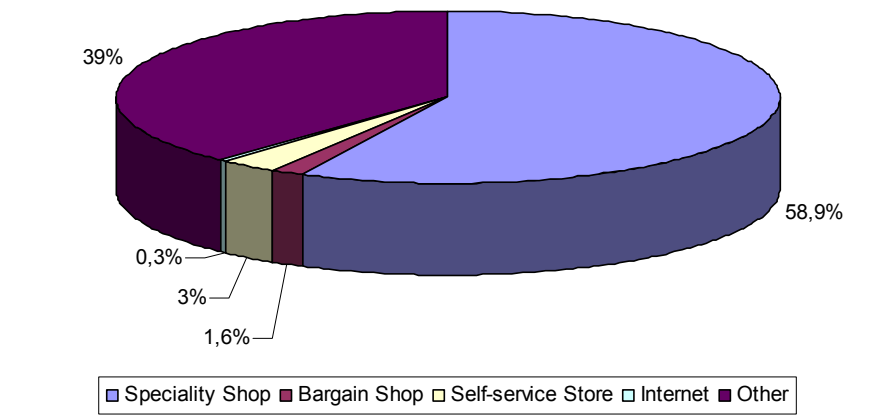
Equipment mainly used for sports and recreational activity were acquired in more than 75 percent of the cases in Austria. Considerably, 22 percent of the asked persons stated that they bought their sports equipment in a Non-European country. This applies only to 6 percent in the category of infant or child products (see above).

Figure 8: Type of Shops – Infant or Child Products



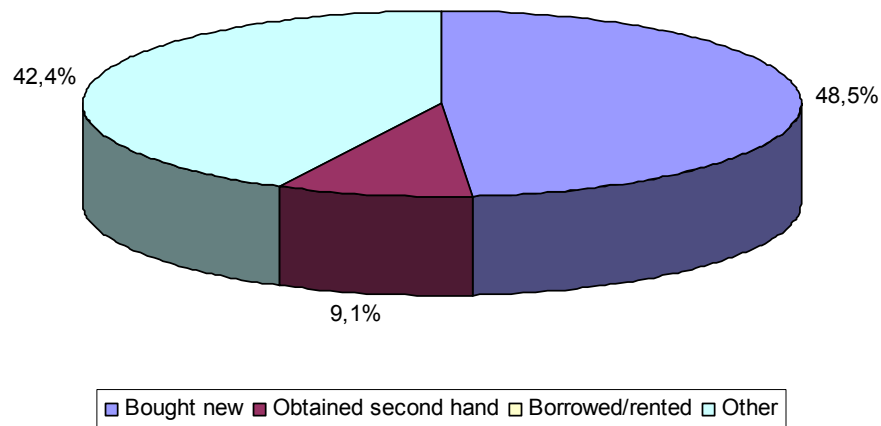
36.4 percent of infant and child products were bought in specialised stores. The internet doesn't play a big role in the consumer behaviour of the asked persons. 51.5 percent mentioned other possibilities like do-it-yourself-stores and home improvement stores (e.g. playground equipment like swings and slides) or supermarkets and drug stores (e.g. toys).

Figure 9: Type of Shops – Sports Equipment



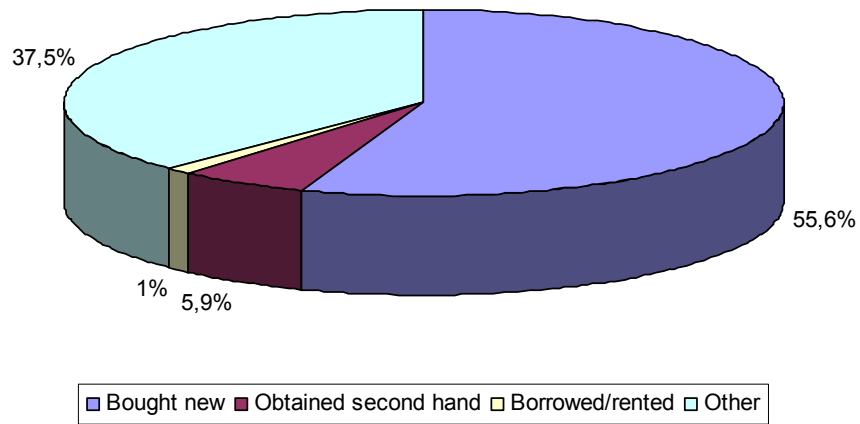
58.9 percent of the sports equipment was bought in specialised stores. Other shops don't play a major role in the consumer behaviour. Apparently it's more important for the users of this product group to buy in a speciality shop (see figure 10).

Figure 10: Type of Purchase – Infant or Child Products



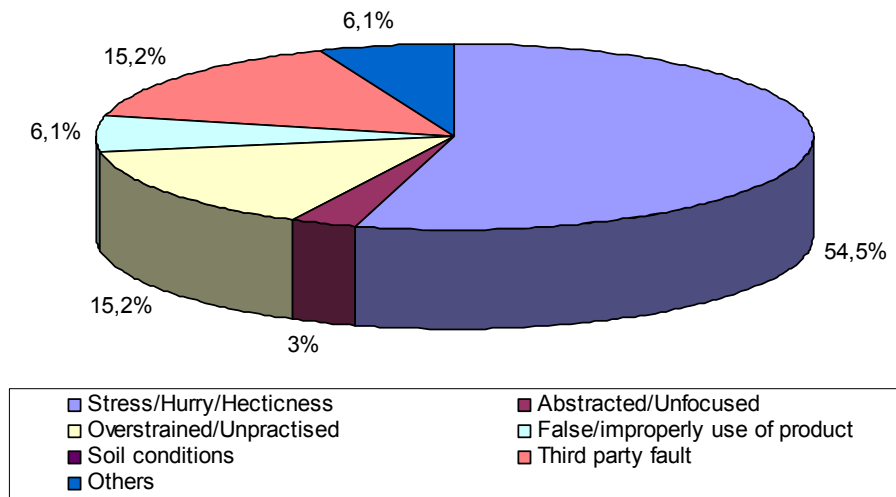
Summed up all 4 categories (bought new this year, bought new two or three years ago, bought more than three years ago and don't know – but bought new), 48.5 percent of the products within the category 'Infant or Child Products' were acquired new. 42.4 percent stated another type of ownership for instance public play-ground equipment.

Figure 11: Type of Purchase – Sports Equipment



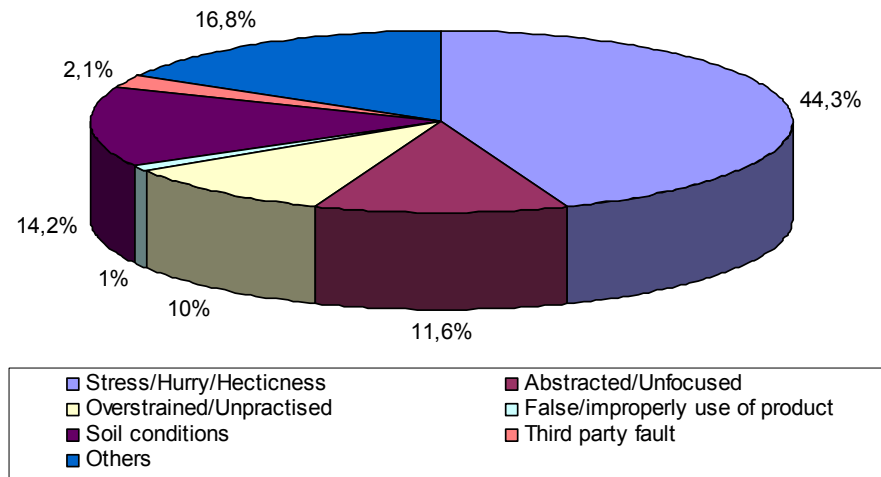
Similar to infant and child products we have in the category ‘Sports Equipment’ with 55.6 percent a majority of new bought products. Totally 37.5 percent stated another type of purchase, school property mostly named. Approximately 6 percent of all asked persons told that they obtained their product second hand.

Figure 12: Reason of Accident – Infant or Child Products



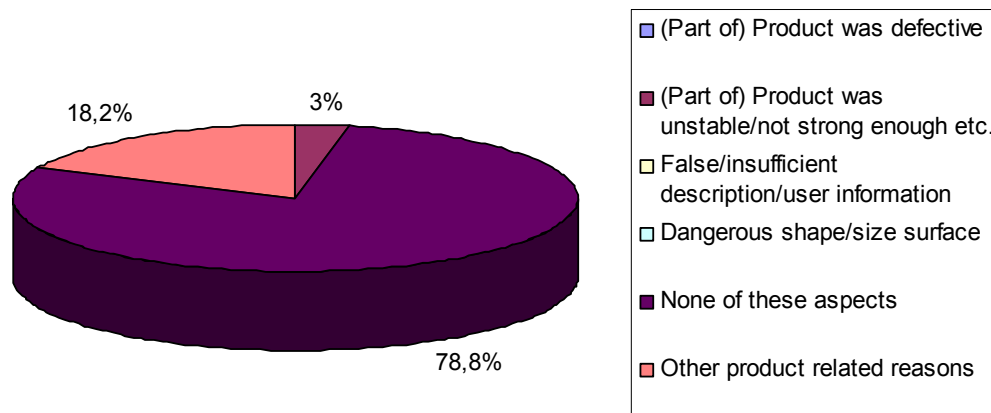
54.5 percent of the injured patients with an infant or child product involved mentioned that stress, hurry or hecticness was the cause of the accident. Another reason was inexperience: 15.2 percent stated that they did not have any practise. Further 15.2 percent of the asked persons in this category named third party fault as a reason for the injury. Moreover the false or improperly use of the product was stated as well (6.1 percent).

Figure 13: Reason of Accident – Sports Equipment



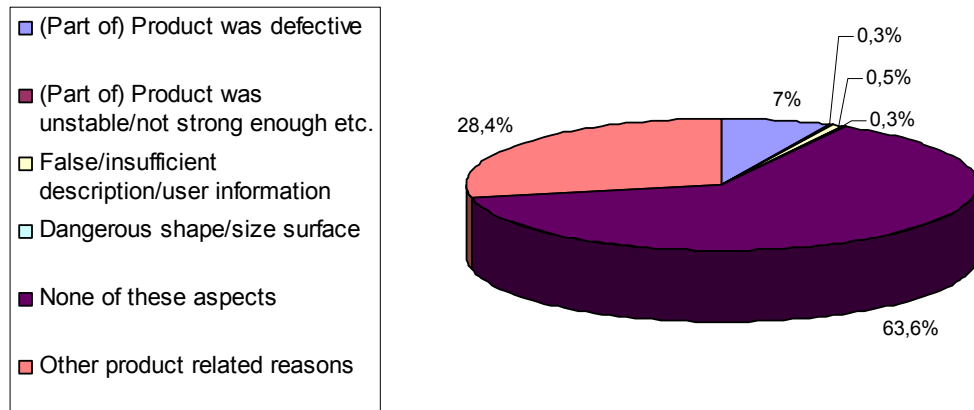
44.3 percent of the asked persons with injuries involved equipment mainly used for sport or recreational activities blamed stress, hurry and hecticness as reason for the injury as well. 11.6 percent mentioned that they were abstracted or unfocused and 10 percent stated that they were not trained in using the product. Further 14 percent in the sport-category blamed the soil conditions (primarily ski accidents) for their accident.

Figure 14: Product related Aspects – Infant or Child Products



Only 3 percent stated that a defect of (a part of) the product caused the injury. In addition to that 18.2 percent believe that other reasons than the ones mentioned in the questionnaire caused the injury. Though, 78.8 percent of the asked persons think that the product, which was involved in the accident, was not responsible for the injury.

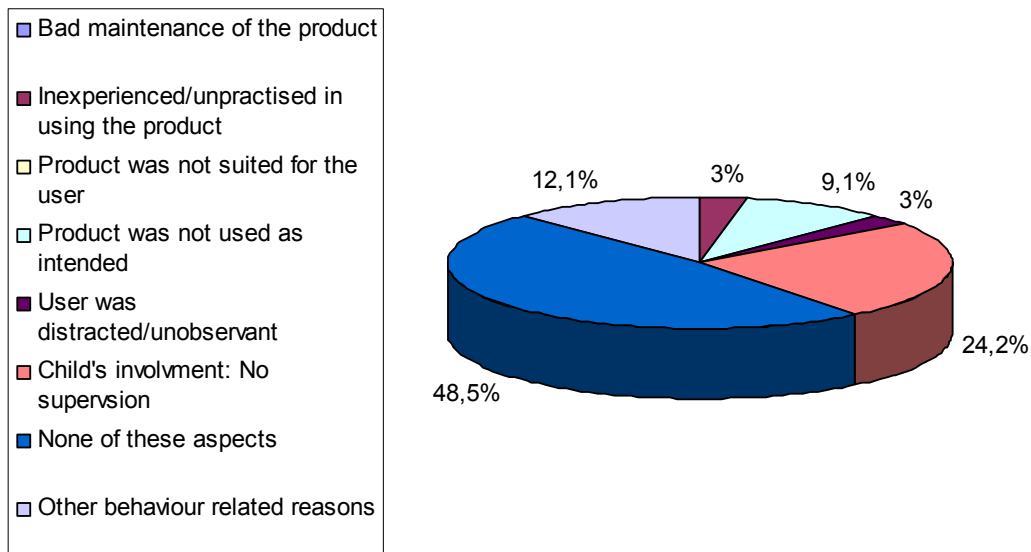
Figure 15: Product related Aspects – Sports Equipment



About 8 percent of the injured persons stated that the product somehow was responsible for the injury, for instance a part of the product was defect, the product was unstable or not strong enough, there was false description/user information or the product had a dangerous shape, size or surface. Additional almost 28 percent of the asked persons believe that other reasons than the ones mentioned above caused the injury.

By contrast almost 64 percent don't hold the product that was involved in the accident responsible for the injury.

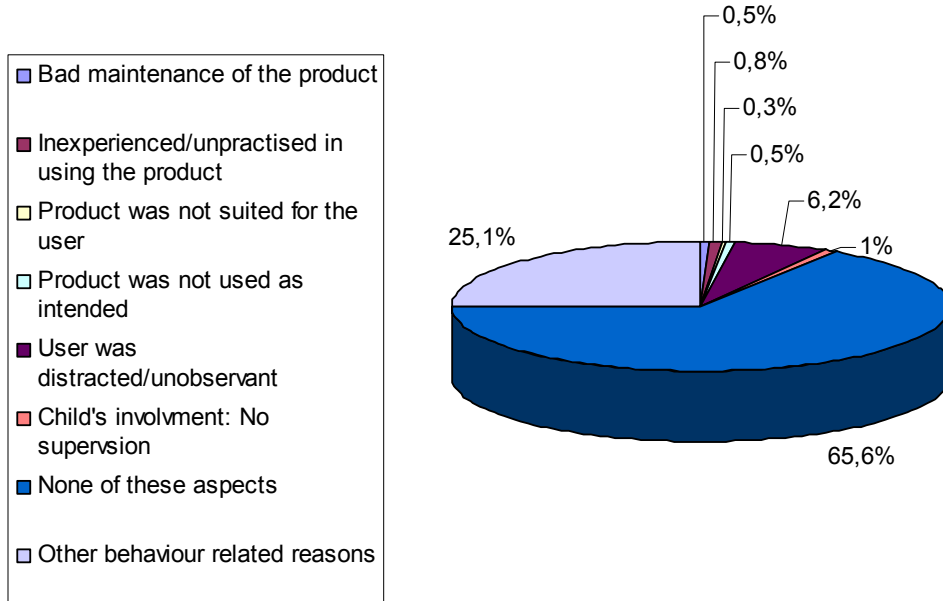
Figure 16: Behaviour related Aspects – Infant or Child Products



A total of almost 51 percent of the injured persons stated that a user related aspect played a role in the occurrence of the accident. For example 6 percent of the asked persons think that the accident was their own fault because they were distracted or unobservant or rather inexperienced and unpractised. Further 9 percent mention that the product was not used as intended.

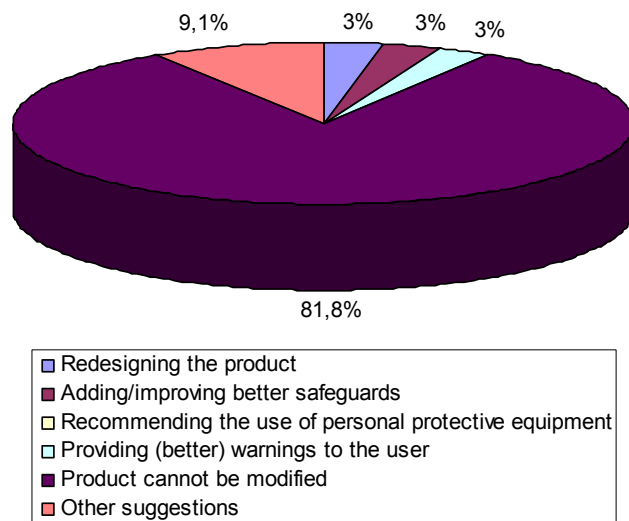
It also has to be paid attention to another factor: Lack of supervision in case of child's involvement. Within the product group infant or child products this category is with 24.2 percent of all cases the most stated reason.

Figure 17: Behaviour related Aspects – Sports Equipment



A total of almost 34 percent of the asked persons believe that a user related aspect played a role in the occurrence of the accident. For instance approximately 6 percent of the asked persons blamed themselves for the accident because they were distracted or unobservant. Following reasons only played a minor role for the injury: The user was inexperienced or unpractised in using the product, the product was not suited for the user or the product was not used as intended. With only 1 percent lack of supervision is marginal as well. More than 25 percent named other behaviour related reasons as the specified aspects.

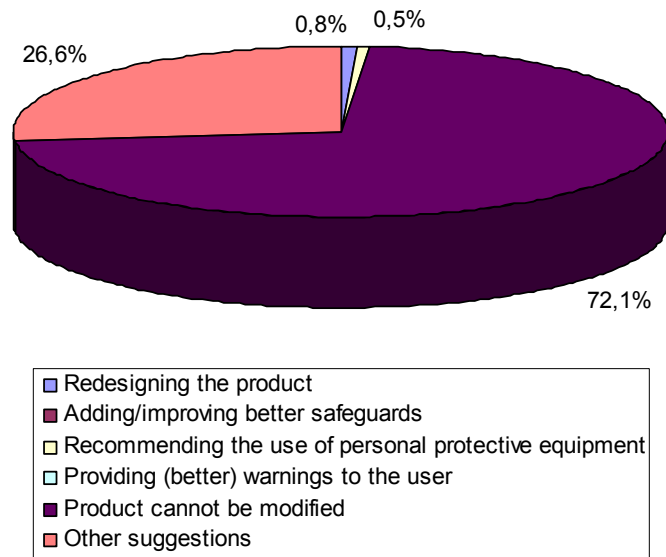
Figure 18: Suggestions for Prevention – Infant or Child Products



9 percent of the injured persons mentioned a category from the list of potential answers (redesigning the product, improving better safeguards and providing better warnings to the users – 3 percent each). Also about 9 percent believe that there could be other improvements than the suggested response options.

Nearly 82 percent of the asked persons think that the product can not be modified to prevent a similar incidence.

Figure 19: Suggestions for Prevention - Sports Equipment



About 72 percent of the asked persons think that the product cannot be modified to prevent a similar incidence and about 26.6 percent believe that there could be other improvements than the suggested response options.

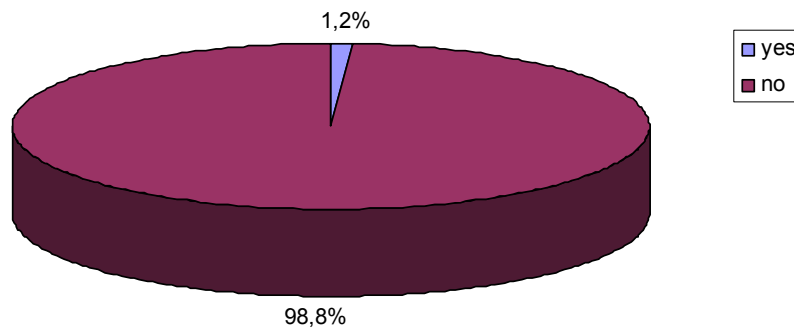
Altogether only 1.3 percent of the injured persons named a category from the possible answer list, which was: redesigning the product (0.8 percent) and recommending the use of personal protective equipment (0.5 percent).

4.1.1.2 Analysis of service related injuries

After the standard IDB interview the following question appeared on the screen: “Did the accident occur during the delivery of a service for which you or somebody else on your behalf paid for (e.g. entrance fee, guided tour, rental of equipment etc.)?”

If the injured person affirmed this question the interviewer had to ask some more questions on this subject matter. If it was not a service related accident the interview was completed.

Figure 20: Frequency - Service



Only 1.2 percent (n=52) of all registered injury cases (a total of 4242 collected cases) in the period from March to June 2008 were service related injuries.

Figure 21: Description of Services

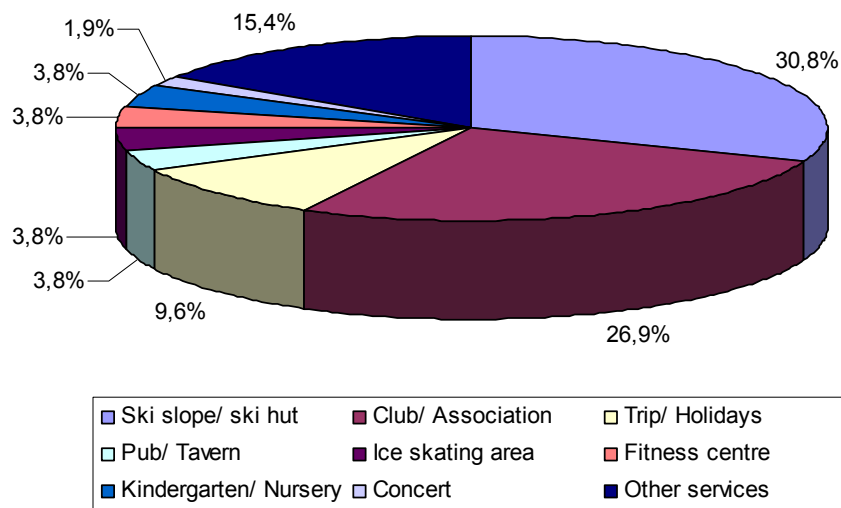
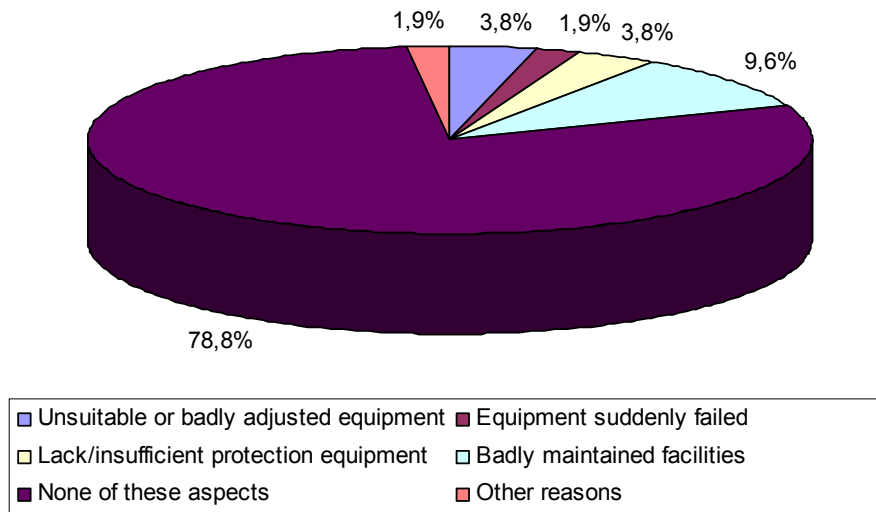


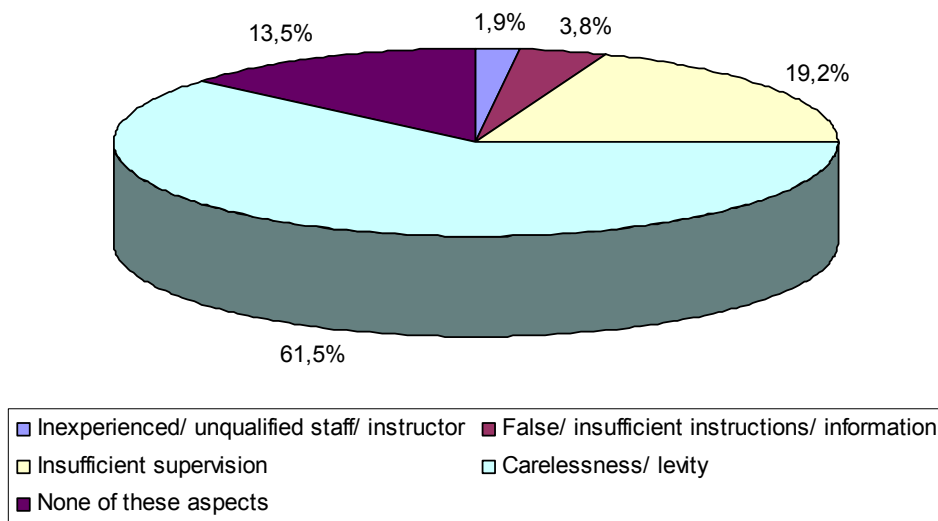
Figure 20 shows that Skiing or Clubs (mainly Football clubs) are the main categories with regards to services related injuries. About 58 percent of all injuries are related to these both sections. Several injuries occurred during a trip or holidays as well (9.6 percent).

Figure 22: Product related Aspects



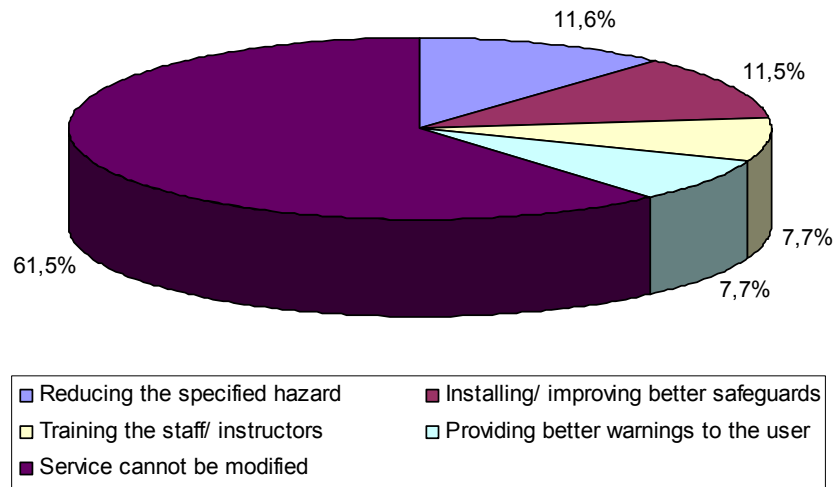
With about 79 percent the most people believe that no product related aspects could be blamed for the injury. Though, altogether 21 percent stated that a product related aspect within the service played a role in the occurrence of the accident. Thereof about 10 percent think that badly maintained facilities caused the accident.

Figure 23: Behaviour related Aspects



A total of more than 86 percent think that a behaviour-related aspect played a role in the occurrence of the accident. About 19 percent of the asked persons stated that insufficient supervision lead to the injury and over 60 percent blame themselves for the accident.

Figure 24: Suggestions for Prevention



About 38 percent believe that there are possibilities to improve the service in order to prevent similar incidences in the future (e.g. installing better safeguards or better training for the staff). A large number of the asked people think, similar to the product related injuries, that the service per se cannot be modified.

4.1.2 Malta

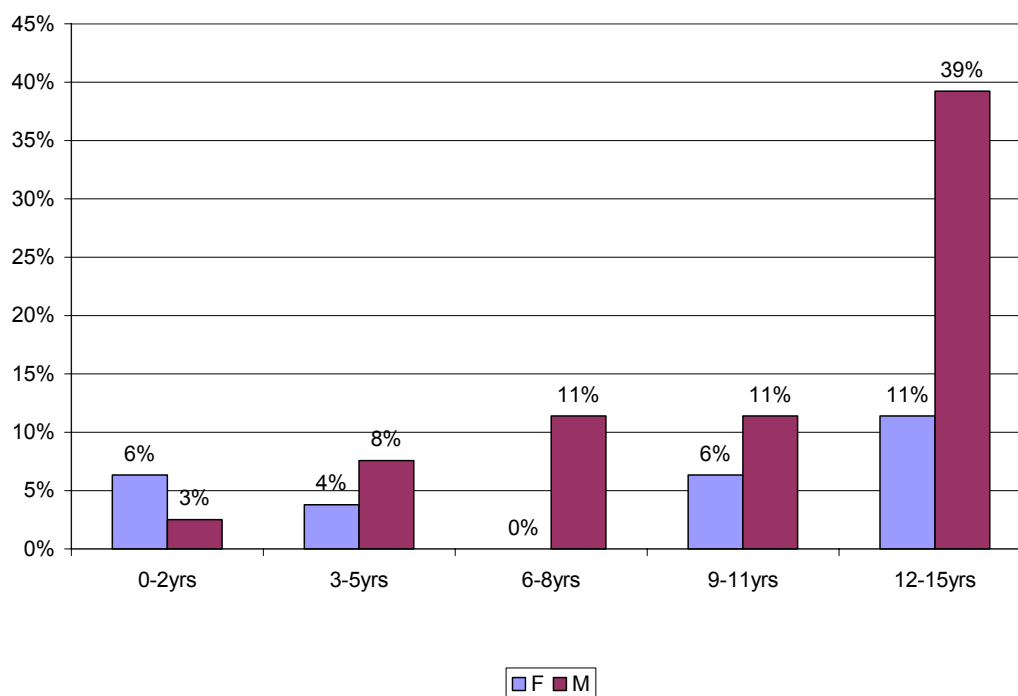
4.1.2.1 Analysis of product related injuries

This product-related study was carried out between end of March and end of May. Data was collected from Emergency Department at Gozo General Hospital and Mater Dei Hospital in Malta.

79 patients were recorded by Emergency Departments as injured by products indicated in the guidelines developed together with KfV, i.e. Infant or child products and equipment mainly used for sports or recreational activity. These people were contacted and interviewed by telephone.

Results

Figure 25: Age and Sex of Injured Persons



The age of patients ranged from 0-15 years. The 12-14 year bracket were the most that sustained injuries these amounted to 40 (50.63 percent), 31 of them being males. Compared to Austria in Malta even more men got injured. About 73 percent of the documented injuries (both product categories together) apply to young men.

The products causing injuries are listed below:

Products	Quantity
Ball	24
Bicycle	12
Bed	7
Football	5
Skateboard	3
Basketball	2
Gym Equipment	2
Mountain Bike	2
Single Bed	2
Slide	2
Wooden Chair/Bench	2
Skipping rope	2
Baby Chair	1
Baby Walker	1
Basketball Pitch	1
Bunk Bed	1
Gym Mat	1
Gymnastics Equipment	1
Highchair	1
Needle Craft Kit	1
Playground - Roundabout	1
Playpen	1
Racket	1
Slipper incl. Roller skates	1
Hoola Hoop	1
Toys	1
Total	79

Figure 26: Point of Purchase

Most of the products (98 percent) involved were bought in Malta but this does not mean that they were necessarily manufactured in Malta. In fact, in most cases, these are likely to be imported products.

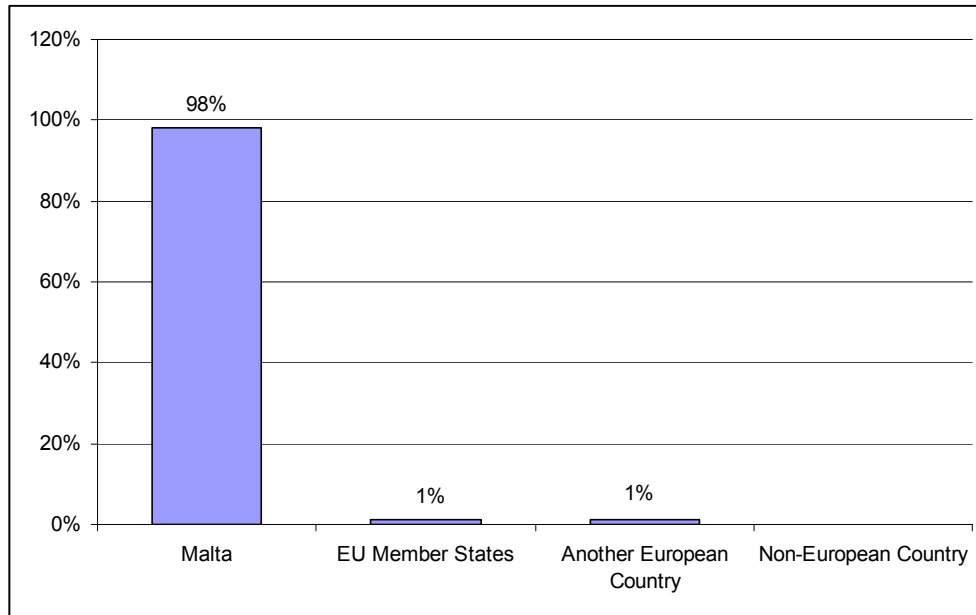


Figure 27: Type of Purchase

Over a third of the respondents did not know when the product was acquired. Just over 40 percent of the respondents admitted that the product was acquired new over the past year or the past two to three years.

WHEN	Total
Product was bought new this year	27.85%
Product was bought new two to three years ago	13.92%
Product was bought new more than three years ago	5.06%
Product was obtained second hand	2.53%
Product was obtained more than three years ago	6.33%
Product was obtained two to three years ago	1.27%
Other	1.27%
Don't know when product was bought	36.71%
Don't know when product was obtained second hand	5.06%
Total	100.00%

Figure 28: Product related Aspects

Over 80 percent of the respondents declared that the accident was not related to any inherent defects in the products. The responses are shown in the graph below.

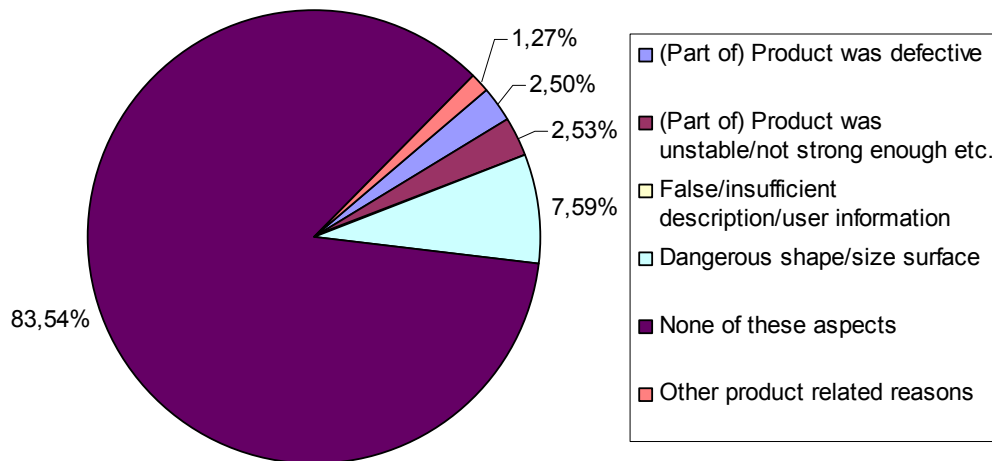


Figure 29: Behavior related Aspects

The pie-chart below indicates that a good 33 percent admitted that either the user was distracted or else not supervised. Only 9 percent stated that the products were not used as intended. On the other hand, 5 percent blamed bad maintenance for their accident.

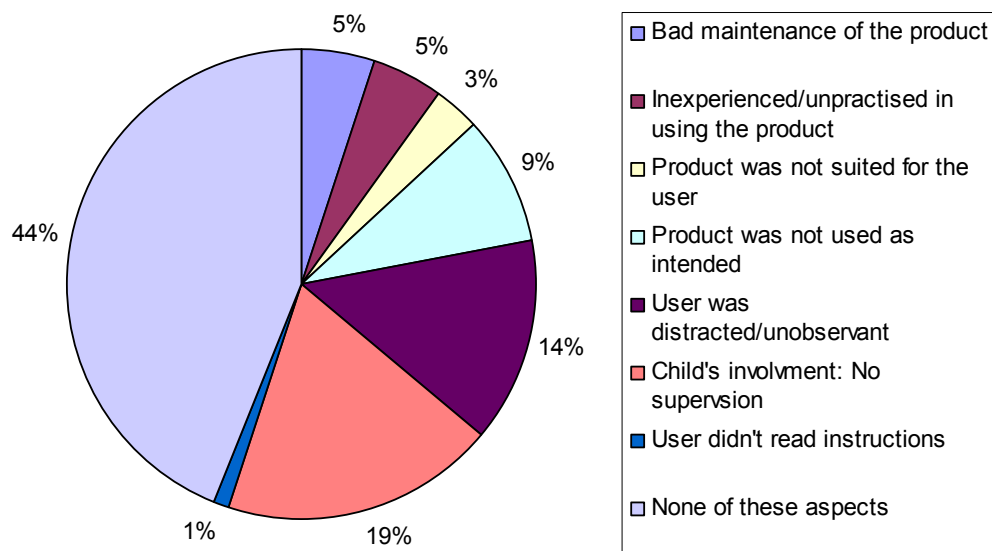
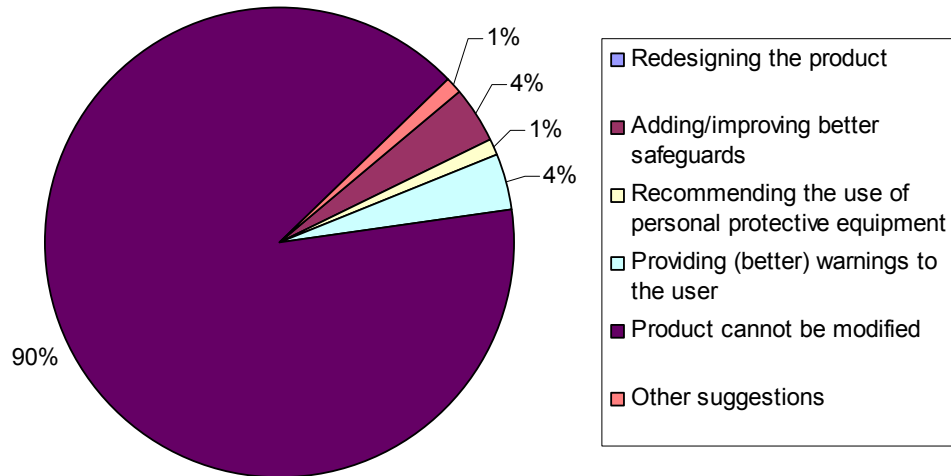


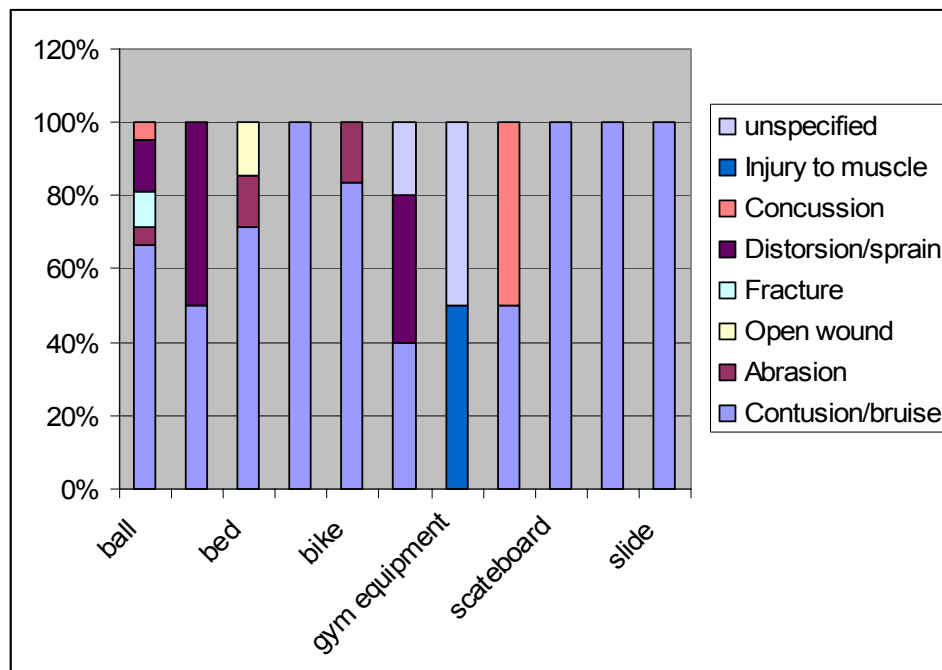
Figure 30: Suggestions for Prevention



Results in question 6 continue to reinforce the response in question 5; in that 44 percent had stated that none of the user-related aspects played a role in the occurrence of the accident. 90 percent in fact declared that the products cannot be modified to prevent a similar incidence. However, 8 percent do believe that better safeguards or warnings to the user could help to reduce such accidents.

Figure 31: Top 10 Products involved in accidents and reported injury type

The graph below shows that contusions and bruises were the most common types of injuries.



4.2 Results of the NDA feasibility survey

The outcome of the NDA survey regarding the feasibility of a flexible software tool within the standard IDB data collection are summarised below. The IDB National Data Administrators were contacted per e-mail and/or phone concerning their ability of collecting this supplementary information.

The following listings contain the issues that NDAs have mentioned as problems regarding such an additional IDB tool, question by question and ranked by the frequent of response (e.g. 9/13 indicates that 9 out of 13 respondents have ticked the respective answer).

What benefits are of interest for you/ your organisation?

- | | |
|------|--|
| 9/13 | To have timely in depth information on recent issues in Product Safety and/or on Injury Prevention in general. |
| 7/13 | To have additional “flash-cases” and reports available from other IDB countries for a better evidence base. |
| 6/13 | To have the possibility to conduct in-depth studies in your own countries on demand for third parties |

9 out of 13 asked NDAs (Austria, Cyprus, Denmark, France, Italy, Malta, Netherlands, Portugal and UK/Wales) stated that they would greatly benefit from timely in depth information on the latest and up to date issues in regards to Product Safety or Injury Prevention.

Moreover 7 NDAs (Austria, Cyprus, Denmark, France Latvia, Ireland and UK/Wales) corroborated that they would appreciate it to have additional reports from other IDB countries available which would surely give a supplemental impetus.

And 6 of 13 NDAs (Austria, Denmark, Ireland, Italy, Malta and the Netherlands) would like to have the possibility to carry out flexible in-depth studies in their own countries on demand for third parties (e.g. consumer safety institutes or health care organisations).

What do you need for a possible implementation of flexible questionnaires in addition to the standard IDB data collection in your IDB implementation? (listed according to priority)

- | | |
|------|--|
| 8/13 | Additional funding
Important for following Countries: CY, DE, DK, FR, IE, IT, LV, PT |
| 8/13 | Additional resources (basically more staff)
Important for following countries: CY, DE, DK, FR, IE, IT, MT, PT |

7/13	Training of data collectors Important for following countries: CY, DK, FR, IE, IT, MT, PT
6/13	Data handling (especially data protection guidelines) Important for following countries: DK, FR, DE, MT, PT, CY
7/13	Software adoptions Important for following countries: CY, DE, FR, LV, MT, PT
3/13	Changes in legislation (especially Latvia, Malta and Sweden)

Additional funding and additional resources – especially more staff – are basic needs for most of the National Data Administrators. Additional training of data collectors as well as data handling – primary difficulties with regards to permissions from data protection agencies and data protection guidelines at national level – are also seen as big problems towards a flexible IDB data collection.

Do you localize specific problems and/or difficulties regarding a realization of a flexible additional questionnaire in your IDB implementation?

Almost all NDAs (11/13) answered this question with YES.

**Reported problems
(listed according to frequency of occurrence)**

Resources

Additional funding necessary
Lack of human resources
Additional burden on the workload of (medical) staff

Legal constraints

Regulated legislation limits the collection of additional data
Data protection and patient confidentiality

Software

Technical difficulties concerning the adoption existing third part software in the hospital for an additional IDB module

Suggestions and recommendations from NDAs

- 1** Suggestion of a different kind of in-depth study: It is about setting up a procedure of quick answers to questions according to the IDB entry (using the data as they are).
=> See EASI as part of the PHASE project.
- 2** A number of minor additions to the existing IDB tools would be sufficient and would be rather doable than a separate IT tool.

5 Conclusions

5.1 Added value of the in IDB in-depth module results

The outcome of the specific in-depth module questions presented in the result section show clearly that more detailed and relevant information on injuries can be obtained from replaceable additional IDB modules like the “product and service module”. These modules permit a more thorough data analysis covering product and service details which are not part of the standard IDB entry software as they are of temporary interest only. This general added value has been demonstrated by the example of “Infant or child products” and “Equipment mainly used for sports/recreational activity” for products on one hand, and for a generic category “services” on the other hand.

As for the quality of the results of the in depth module a longer period of observation might be necessary to be able to generate more reliable and robust data (e.g. given that the population covered by the Maltese IDB is small, and the number of a specific product or service might be small as well).

The analysis of results in this report focuses on the specific in-depth questions of the “products and service module” and its added value to the standard IDB data set as this was the scope of this study. Clearly, this additional information has to be put into the context of the data elements of the standard IDB data set in order to achieve a comprehensive picture of the accidents and injuries in question. That combination provides for a basic risk assessment for the selected group of products or services through the following IDB data elements:

1. average severity of injuries related to a particular group of products or services through the standard IDB data items type of injury, body part injured, type and length of treatment in hospital
2. estimate of incidence of injuries related to a particular group of products or services through the standard IDB procedure for population based incidence rate calculation
3. accident patterns and circumstances through the standard IDB data items age, sex, activity, place of occurrence, mechanism and narrative
4. additional product and service details from the IDB in-depth module, as for example for point and type of purchase, condition of product, quality of service etc. (see Result section)

The information contained in points 1 to 4 makes the existing national IDB systems – in principle – a very cost efficient tool for a first risk assessment of products and services related to injuries. The standard and in-depth IDB information obtained for particular products or services can be complemented by other EU level data from RAPEX³, ICSMS⁴ and related sources on product safety in order to obtain a maximum of input for the risk assessment task in question.

³ RAPEX: EU rapid alert system for all dangerous consumer products
(http://ec.europa.eu/consumers/dyna/rapex/rapex_archives_en.cfm)

⁴ ICSMS: The internet-supported information and communication system for the pan-European market surveillance of technical products (<http://www.icsms.org/>)

Despite the elegant mode of the “IDB in-depth module” for obtaining added value information through the existing IDB system, a regular and routine application of this procedure “today” seems feasible only in a few IDB countries (see Chap. 5.2.).

5.2 Pilot implementation of the IDB in-depth module and feasibility of regular implementation

5.2.1 Pilot Implementation Austria

The standard IDB data collection in Austria is done by specially trained interviewers with direct data entry on a Pocket-PC based on the IDB data entry software and its flexible “NDA-module” that was developed within the SafeStrat Sub-WP1 “IT-Tools” (Annex 3 of final report). These interviewers are not hospital staff and are therefore quite flexible in conducting these additional IDB in-depth studies ad hoc.

The scope of the few additional questions of the pilot in-depth module proved feasible to be collected without too much of an additional burden for both the interviewer and the patient. The additional information that could be obtained seems relevant and of added-value, in particular when analysed in combination with the IDB standard data set. Certainly, the questions could be more refined and be still more adjusted to the users need for future in-depth topics.

As for the technical implementation of the in-depth module software on the data entry devices (Pocket-PC) a remote installation would be preferable to the current practice of self-installation by the interviewers. This option will be followed up by KfV in the regular implementation of an IDB in-depth module (alternatively, an internet based questionnaire with easy implementation and communication of such additional questions is considered for IDB Austria).

Overall, the evaluation of the “Product and Service module” pilot in the context of the routine IDB Austria data collection is positive. A “Product and Service module” like this has therefore already been offered as a regular feature for the national IDB to the Product Safety Unit of the Ministry of Social Affairs and Consumer Safety (BMSK) for the next year of funding. “In depth” themes that have been proposed are trampolines and/or pocket bikes.

5.2.2 Pilot Implementation Malta

The implementation of this data entry software for direct data entry helped very much in making the data collection process for the IDB Malta more efficient. The flexible in-depth module (“NDA-module”) of the IT-tool would definitely strengthen the competencies of NDAs. However, in respect to regular implementation more experience has to still to be gained and more stable data to be produced.

Another experience from the pilot is that an increase in human resources with regard to the data entry process and data analysis would be needed in case of a periodic application of the

module. With regard to additional IT requirements, a data mining tool would be ideal to pick up certain fields like objects, treatment and follow up and type of injury from the text description, thus automating an otherwise lengthy process.

Hence, for implementing consistent in-depth modules, IDB (Malta) would definitely need an increase in financial resources and trained personnel. In our bid to include all national hospitals in our coverage, we are looking at the possibility of speeding up data collection and reporting so that surveillance data could be available within a short time, while not compromising if not improving data quality.

Data privacy issues do occasionally crop up since health statistics still operate on the edge of data protection legislation. One looks forward to enabling legislation from the Commission bridging the upcoming Health Statistics Directive and the Data Protection Directive. In addition, given the size of the Health Information Directorate in Malta, flash studies may not always be possible depending on demands on existing resources set by other priorities.

In fact, through that pilot of an IDB “Product and Service module” a good communication relationship with the Malta Standards Authority (MSA) has been built. The Malta Standards Authority, which is the regulatory entity for product safety in Malta, has already expressed interest in the Injury Database. Indeed, IDB (Malta) and MSA are already working on a collaborative setup. The Malta Standards Authority is aiming to use the IDB as a surveillance tool and then investigate any particularly worrying trends using ad-hoc studies quite analogous to the Products & Services modules currently implemented as a pilot to be able to get more information that could help them identify and investigate any particular products in greater detail.

5.2.3 NDA Survey

In general we localized a great interest in a flexible software tool (see table 1 of the survey results). Almost all National Data Administrators think that they would greatly benefit from such an additional IDB tool. The majority assumes that it would give a supplementary impetus for present and future NDAs as well as for policy and decision makers, in particular in the area of consumer safety.

When it comes to assessing the feasibility of actual implementation of such an in-depth module the outlook is less positive. With the exception of Austria and partly Malta (see above) none of the current IDB countries would right now be in the position of introducing a flexible component like this module to their standard IDB data collection. The main obstacle for a general implementation within the standard IDB data collection is the necessity of additional funding - as additional IDB questions are directly linked to more costs in all IDB data collection systems. Apart from some countries, e.g. Latvia and Sweden with minor possibilities for implementation because of strict legislation which limits the scope of the IDB data collection, lack of funding and / or human resources cause the main problems regarding a more flexible IDB data collection. This means provision of financing will be essential for all further efforts towards a more detailed injury database.

This request is more or less directed to the national and / or EU level Product Safety administration that is considered the main beneficiary of this additional information. The main necessity therefore seems to be to achieve a stronger involvement of Product Safety organisations at national level in the IDB (which is not the case yet in many IDB countries), e.g. through the following means

- ⇒ the results of the pilot application of the ad-hoc module should be presented and discussed at the Product Safety Working Parties (DG Sanco B3 “Product Safety”) and possibly also in the PROSAFE⁵ forum,
- ⇒ work for the IDB that enables the provision of service and product related information other than through the “in-depth module” by NDAs should be continued, e.g. the more timely provision of product and service related information from the IDB standard data (accident frequencies and patterns for certain products and services, translated narratives etc.),
- ⇒ the option of supporting a permanent implementation of additional product and service related information through the IDB should be assessed against the current practice of tenders on various topics by DG Sanco B3 in terms of cost efficiency and cost benefits,
- ⇒ as a result of this assessment a strategic “decision” should be made by DG Sanco B3 whether the IDB shall be developed into an evidence base for products and services, in order to facilitate the implementation of product and service information add-ons to the standard IDB such as the “in-depth module” tested in this study.

* * *

⁵ Product Safety Enforcement Forum of Europe (www.prosafe.org)

6 Annex

6.1 Questionnaire for Products

Questionnaire on injury related products Module for specific product details



Chosen products:

- Infant or child products (code 6)
- Equipment mainly used for sports/recreational activity (code 10)
⇒ According IDB coding manual All Injuries.

1. Please specify the product(s) involved in the accident

Product designation/ type of product(s).....

Brand name

Remarkable details (e.g. age, possible previous repair)

.....

2. How/When was the product acquired?

- The product was bought new this year (2.1.)
- The product was bought new two to three years ago (2.2.)
- The product was bought more than three years ago (2.3.)
- I don't know when I bought the product (2.4.)
- The product was obtained second hand this year (2.5.)
- The product was obtained two to three years ago (2.6.)
- The product was obtained more than three years ago (2.7.)
- I don't know when I obtained the product second hand (2.8.)
- The product was borrowed/rented specially for a short time use (2.9)
- Other (2.98.)

3. Where was the product acquired?

- Bought in Malta (3.1)
- Bought in an EU Member State (3.2)
- Bought in another European country (3.3.)
- Bought in a Non-European Country (3.4.)
- Speciality shop (3.5.) (e.g. sports shop)
- Bargain store (3.6.) (e.g. 1€ Shop)
- Self-service store (3.7.)

- Internet (3.8.)
- Other (3.98)

4. Which of the following product-related aspects played a role in the occurrence of the accident?

(More than one answer can be checked)

- (Part of) product was defective (4.1.)
- (Part of) product was unstable/ not strong enough/ under pressure etc. (4.2.)
- The function of the product was unclear (4.3.)
- False or insufficient description/user information/protection measures/warnings etc. (4.4.)
- Dangerous shape/size/surface of (part of) product (sharp/swallowable/fragile etc.) (4.5.)
- Product is flammable (4.6.)
- Product is toxic (4.7.)
- None of these aspects (4.8.)
- Other (4.98.)

5. Which of the following user-related aspects played a role in the occurrence of the accident?

(More than one answer can be checked)

- Bad maintenance of the product (5.1.)
- The user/victim was inexperienced/ unpracticed in using the product (5.2.)
- The product was not suited for the user/victim (5.3.)
- The product was not used as intended (5.4.)
- The user/victim was distracted/unobservant (5.5.)
- The user/victim had not read the instructions/information (5.6.)
- In case of child's involvement: Child hasn't been supervised during the usage of the product (5.7.)
- None of these aspects (5.8.)
- Other (5.98.)

6. The product could be modified to prevent a similar incidence by

(More than one answer can be checked)

- redesigning the product in order to minimize the hazards (mentioned under question 4) (6.1.)
- adding and improving better safeguards to shield from the hazard (6.2.)
- recommending the use of personal protective equipment (6.3.)
- providing (better) warnings to the user (on the product/ in the instructions) (6.4.)
- The product cannot be modified to prevent a similar incidence (6.5.)
- Other (6.98.)

Additional information

6.2 Questionnaire for Services

Questionnaire on injury related services Module for specific service details



1. Did the accident occur during the delivery of a **service** for which you or somebody else on your behalf paid for (e.g. entrance/membership fee, guided tour, rental of equipment etc.)?

- Yes (1.1) No (1.2) → finish – no further questions

2. Please specify the type of service provided (e.g. accommodation, guided tours, training, sports, entertainment/recreation, rental of equipment etc.)

.....
.....
.....

3. Which of the following object-related aspects played a role in the occurrence of the injury?
(More than one answer can be checked)

- Unsuitable or badly adjusted equipment (3.1.)
- Badly maintained equipment (3.2.)
- Equipment suddenly failed (3.3.)
- Lack of or insufficient protection equipment (3.4.)
- Badly maintained facilities (3.5.)
- None of these aspects (3.6.)
- Other (3.98)

4. Which of the following behavior-related aspects played a role in the occurrence of the injury?
(More than one answer can be checked)

- Inexperienced or unqualified staff/instructor or guide (4.1.)
- False or insufficient instruction/information (4.2.)
- Insufficient supervision (4.3.)
- Carelessness/levity of the injured person itself (4.4.)
- None of these aspects (4.5.)
- Other (4.98.)

5. The service provider could improve the service in order to prevent similar incidences in the future by

(More than one answer can be checked)

- reducing of the specified hazards (mentioned under question 3) (5.1.)
- installing and improving better safeguards to shield from the hazard (5.2.)
- training the staff/instructors/supervisors (5.3.)
- providing (better) warnings to the user (signs or instructions) (5.4.)
- The service cannot be modified to prevent a similar incidence (5.5.)
- Other (5.98.)

Additional information