



AUSTRALIAN INJURY PREVENTION NETWORK

INJURY INCIDENCE

Vol 5. No 2. Dec 2001

Happy New Year

As I write this message from the AIPN Newsletter the year is fast reaching its conclusion. It seems to me that each year passes faster than the one before. It has been a busy year for me both personally and professionally. This has been a year of weddings for me, with one of the five being in the USA in July. I also made a trip to USA in March to attend a conference and see some of the east coast. While I was there I walked on the top of the World Trade Centre. While the destruction of the World Trade Centre may have been thousands of kilometres away, the reverberations are still being felt around the world. In late April we had a mini-crisis here at the Australian Centre for Agricultural Health and Safety with our server crashing. A month later and a lot of hard work we managed to get a new server and 95% of our data, unfortunately we lost all our e-mails. So if you sent me an e-mail earlier this year and you are wondering why I have not replied, this is the reason.

The AIPN executive have also been working hard; we updated the constitution, this was undertaken in response to the need for an indigenous representative on the Executive to help represent the views and concerns of the Aboriginal and Torres Strait Islander people. However while we were doing this, we looked at the rest of the constitution and changed the length of executive members terms from a 1 year to a 2 year term and that the term will start on the 1 January and finish 24 months later on the 31 December. The constitution now clearly states that there should be a mix of people from different states and territories to reflect the national approach and encourage input from all states. We also added a disputes and mediation section.

As you all know we had the AIPN conference in Warnambool this year and I think it was very successful. We managed to have a wide variety and I was pleased with the farm safety stream (Farmsafe Conference) that ran throughout the conference. Unfortunately there were some

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[Http://www.nisu.flinders.edu.au/aipn](http://www.nisu.flinders.edu.au/aipn)

To access the members only section, please refer to the card inserted in your Membership folder for the pass word.

unforeseen problems, like the collapse of Ansett and security fears following September 11. We also managed for the first time to provide three student bursaries, which was fantastic. Thanks must go to our three major sponsors of the conference, Worksafe Victoria, the Department of Health and Aged Care and the Rural Industries Research and Development Corporation. The conference to me highlighted the work going on around Australia and that conferences in rural setting are a nice change from capital cities. I would like to thank all who were involved in the production of the conference as putting on a conference takes a lot of time and effort, in particular I would like to thank Daryl Pedler, Mr Terry Clift, James Harrison and Maree Tongi and Janet O'Connor for their hard work and persistence with the conference.

The executive finalised and printed the 2001-2005 strategy, which you should have received in a members folder when you paid your membership fees for 2001/2002 financial year. We also have a new secretariat whose contact details were in the folder and are on the back of this Newsletter. As an executive we have worked hard at improving services to members and the functioning of the AIPN.

The AIPN is represented on the Strategic Injury Prevention Partnership (SIPP), on the National Occupational Health and Safety Commission's (NOHSC) "Heads of Occupational Health and Safety Committee" and the new Commonwealth Committee on Indigenous injury called "Aboriginal and Torres Strait Islander Injury

Prevention Action Committee" (ATSIIIPAC). The ATSIIIPAC was formed due to the excellent work undertaken at the Canberra conference by the Aboriginal and Torres Strait Islanders and others present who worked together to produce a declaration on injury prevention. You should all have received a copy of the National Injury Prevention Plan: Priorities for 2001-2003 and the Implementation Plan for Falls in Older People, Falls in Children, Drowning and Near Drowning and Poisoning among Children.

There are many things on the AIPN agenda and unfortunately due to limited resources everything that the Executive would like to do was not done. Some of the things the executive will be looking at in 2002 include:

- Revision of the Injury Prevention Policies of the PHA and development of AIPN policies.
- More Members
- Conferences.
- Newsletters.
- Journal
- Students within the AIPN

I would also like to take this opportunity to thank all the people on the executive for their support and help throughout the year. I would particularly like to thank the treasurer Malinda Steenkamp for her hard work in stream lining the accounts and keeping us in the black, the secretary Marilyn Lyford for her hard work. I hope 2002 is a productive, happy year for you all.

Richard Franklin

President AIPN

AIPN Email List

If you are an AIPN Member, to join the AIPN Email List, email a message to aipn-subscribe@www.nisu.flinders.edu.au

To send a message to everyone on the list, the email address is aipn@www.nisu.flinders.edu.au

To remove yourself from the list, send a message to

aipn-unsubscribe@www.nisu.flinders.edu.au



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Injury Prevention 2001 Warrnambool

Well, the conference has come and gone again! This year both the setting and the focus were different.

Injury Prevention 2001. A combined conference with Farmsafe Australia. Also the first time the AIPN conference had been held outside a capital city.

So what did we, as members of the Organising and Scientific Committees, try to achieve? First of all, of course, a stimulating and enjoyable conference. Secondly, an opportunity for registrants to experience a meeting in a rural setting, with its benefits and its drawbacks. We also wanted the conference to provide exposure to both rural and metropolitan issues, as well as those concerns which are common to both settings. Finally, as always, we wished to provide the opportunity for people to mix, share ideas, make new contacts.

Did we achieve our aims? Was the conference a success? There is no absolute answer to such general questions. Overall, there were considerably more "pluses" than "minuses", but 190 registrants and many positive (and some negative) comments on the evaluation forms, plus loads of positive informal feedback suggests it was a good conference.

What were the highlights? Was it Richard Schieber with his perspective from the USA in the Opening Plenary,

the unique style of Dale Hanson, George Rechnitzer's brilliant presentation on the last day, the field visits, or one of the small group sessions?

As chair of the Organising Committee, I will take away several memories. The sharing over the welcome buffet got the conference off to a really good start, which continued through the Opening Plenary. From there, we all then went into the typical "conference mode" - which session shall I attend, how can I get from the first paper at that room to the second in that one and so on. My other highlights included the field trip (in my case I went to the local export abattoirs - in my own town, yet I had never visited it), meeting and sharing with a number of people (some old friends, some new) and the presentations related to injury prevention from an Emergency Department perspective. Finally, there was the great work done by (and the cheery personalities of) our two "resident" bus drivers.

I also remember months (nearly a year from when we were offered the conference) of preparatory meetings and lots of hard work by the committee members. Thank you to everybody who attended and made the conference a success. Good luck to those involved with planning the next conference!

Daryl Pedler



Introducing Dale Hanson

Dale was elected to the AIPN Executive in September. His real job is as an Emergency Physician at Mackay Hospital. He moved to Mackay 6 years ago and developed an interest in injury prevention following concerns about the numbers and severity of injury presenting to the Emergency Department. He decided it was smarter and more efficient to try and prevent the big fall than to try and put humpty together again.

In 1997, in conjunction with Qld Injury Surveillance Unit, the Mackay Injury Surveillance network was established. It collects NDS-IS level 2 data from all Emergency Department presentations with injury within the Mackay & Moranbah Health Service Districts. This surveillance network provides a regional sample for the Queensland Injury Surveillance network.

Studies have confirmed that age standardised injury rates (whether measured in terms of ED presentations or Hospital Separations) in Mackay are more than double the Queensland Average.

In February 2000, the Mackay Whitsunday Safe Community Project was established. It aims to produce a 30% reduction in injury over 5 years using an all injury, all ages community development / capacity building model. Dale is a foundation member of the Project Management Team.

In 2000, Dale also completed his Masters Degree in Public Health and Tropical Medicine at James Cook University, and is negotiating commencing his Doctor in Public Health Degree at JCU - in which he hopes to write up the Surveillance network established in Mackay and the Mackay /Whitsunday Safe Community Project.

In 2002, Dale commences part time work, as his wife and he will share the task of home tutoring their two boys through the Charters Towers School of Distance Education (Radio School). A major goal for 2002 will be achieve this without inflicting harm on either himself or the boys!



Eye injury research

PhD student Rochelle Eime has just been awarded a 3 year Public Health Postgraduate Scholarship from the National Health and Medical Research Council for her PhD research project "Protective eyewear use in squash - the role of regulation". She is being supervised by Associate Professor Caroline Finch.



Some Snippets!

The Injury Control Council of WA (ICCCA) is a member of a reference group looking at the issue of eye related injury and sports. At a recent meeting of the group, the chair requested that ICCWA investigate other moves nationally to address the issue of eye injuries in the sports of squash, indoor cricket, hockey and tennis.

If anyone is aware of any studies (completed or in-process) or policy relevant to the issue, could they please contact Caroline Curtin at the Injury Control Council of WA on 08 9420 7212 or e-mail ccurtin@iccca.org.au.



New Australian farm injury project

The Australian National Health and Medical Research Council has recently awarded a four year project grant for a prospective case control study of serious farm work related injury among males. The study will recruit 300 injured farmers with maximum

abbreviated injury score of 3 or more and 600 age-matched controls from the study area and compare them on a range of farm and individual factors. The study is expected to provide a continuing scientific basis for development and selection of interventions for farm injury and targeting for prevention programs, at a time of increasing momentum in agricultural health and safety in Australia. The study will be conducted by a team of researchers from Monash University (Aust), University of Melbourne (Aust), University of Otago (NZ), and the University of Saskatchewan (Canada).

For further details contact Dr Lesley Day, Monash University Accident Research Centre, Melbourne, Australia,

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Short Course from MUARC

As part of the AIPN's commitment to providing information about injury prevention courses please find following a short summary of the Injury Epidemiology and Prevention Short Course provided Monash University Accident Research Centre. If you have attended a course on Injury Prevention please send a summary of the course to the Newsletter and some thoughts about the course.

Injury Epidemiology and Prevention: A Short Course

The Injury Epidemiology and Prevention Short Course is conducted by the Monash University Accident Research Centre (MUARC). It is an intensive short course in injury epidemiology and prevention that is conducted over five days.

The aim of the course is to improve the injury prevention knowledge, research and implementation skills of practising professionals and graduate students working in injury related areas.

The course is conducted by key injury prevention professionals and has a multidisciplinary focus. The format of the course includes seminars, interactive workshops and panel discussions.

The short course is often tied in with national or international conferences which are held in Melbourne, so the key speakers can vary from year to year.

General topics that are covered by the course include:

- ▶ principles of injury prevention;
- ▶ injury data systems;
- ▶ research methodology;
- ▶ evaluation;
- ▶ identification of countermeasures and implementation strategies;
- ▶ development of national and regional injury prevention strategies;
- ▶ road safety;
- ▶ occupational injury prevention;
- ▶ child injury prevention;
- ▶ falls prevention in the elderly;
- ▶ rural and agricultural injury prevention;
- ▶ sports and recreational injury prevention;
- ▶ violence prevention; and
- ▶ community-based injury prevention.

A text is available which includes information on many of the topics that are covered in the course. This text is: Ozanne-Smith, J., Williams, F (eds) (1995) *Injury Research and Prevention: A Text*. MUARC: Melbourne.

For a free copy, contact Erin.Cassell@general.monash.edu.au

The short course may run around July 2002. Also contact Erin Cassell, email address above, for confirmation of dates and availability.



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Conference Report 2001

What would it take to achieve a strategic approach to community safety?

The Injury Prevention and Control 2001 conference held in Warrnambool in country Victoria this year was a wonderful success. Among the many excellent presentations, one of the most enjoyable was the interactive workshop, 'Developing an integrated approach to community safety', which spread over two sessions in the Safe Communities stream.

I'd like to report briefly on one of the outcomes of the workshop. After six excellent presentations and lively discussion, a final question was put to the assembled gathering: 'What would it take to achieve an Australasian strategic approach to community safety?'

Here is a sample of the responses:

At the macro level

- ◆ Coordinate policy
- ◆ Make explicit statements of expectations
- ◆ Establish an Australasian clearinghouse and a steering body
- ◆ Commit financial support
- ◆ Gain support to promote the WHO model
- ◆ Achieve tangible recognition of community safety as a priority
- ◆ Develop a network of champions
- ◆ Achieve recognition of community safety as a discrete discipline
- ◆ Achieve recognition of injury as a population-level problem

At the political level

- ◆ Achieve political commitment at the highest levels
- ◆ Educate politicians
- ◆ Develop political sophistication at the local or community level

- ◆ Develop strong local networks
- ◆ Cross-pollinate ideas between agencies and LGAs
- ◆ Create and maintain the community's interest (the 'sparkle' factor)
- ◆ Change the community's mindset regarding preventability
- ◆ Remove the blame mentality
- ◆ Develop effective methods of community consultation
- ◆ Develop plans to market outcomes at community level
- ◆ Run Community Safety Week 52 weeks a year

At the professional level

- ◆ Provide professional development for community safety workers
- ◆ Integrate community safety outcome measures into all job descriptions
- ◆ Facilitate an understanding of injury causation
- ◆ Provide cost-benefit analyses of interventions
- ◆ Develop a sound evidence base
- ◆ Produce a dictionary of injury terms

These are both thoughtful and thought provoking, and reflect how far the community safety segment of the injury prevention and control profession has progressed in the last decade.

I am most grateful to the workshop co-chair, Henk Harberts, the presenters and the participants for engaging in such an exciting dialogue. Long may it continue, but I also offer a plea to take some of these suggestions forward into a national strategic plan and an action plan before we convene in Perth in 2003.

Jan Shield
2 October 2001



School Health Guidelines to Prevent Unintentional Injuries and Violence

This report summarizes school health recommendations for preventing unintentional injury, violence, and suicide among young persons. These guidelines were developed by Centres for Disease Control (USA) in collaboration with specialists from universities and from national, federal, state, local, and voluntary agencies and organizations. They are based on an in-depth review of research, theory, and current practice in unintentional injury, violence, and suicide prevention; health education; and public health.

Full document.

<http://www.cdc.gov/mmwr/PDF/rr/rr5022.pdf>

Report in parts.

School Health Guidelines to Prevent Unintentional Injuries and Violence

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5022a1.htm>

Appendix A: Selected Healthy People 2010 Objectives Related to Child and Adolescent Unintentional Injury, Violence, and Suicide Prevention

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5022a2.htm>

Appendix B: Child and Adolescent Unintentional Injury, Violence, and Suicide-Prevention Resources

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5022a3.htm>

Appendix C: Sources of Model and Promising Strategies and Programs

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5022a4.htm>



SAFETY FIRST FOR FARMERS OF THE FUTURE

A collaborative approach: The Rural Falls Injury Prevention Program



A farm safety field day titled "Farmers of the Future" was held at NSW Agriculture's Tamworth Centre for Crop Improvement from 10am - 2.30pm on Wednesday 19 September 2001.

Farming is the second most dangerous occupation in terms of work related deaths and this day provides a valuable opportunity for farmers of the future to develop skills, which promote a safer working environment.

This field day is aimed specifically at Year Nine Agriculture students to promote awareness of farm safety and was attended by 200 students from seven High Schools.

The Field Day was officially opened by Bob (Chair of Tamworth Farmsafe) and Vickie Chaffey (Tamworth Farmsafe member), who are farmers from Somerton 30 km west of Tamworth

It was a joint initiative with Wesfarmers Landmark, New England Area Health Service, Tamworth Farmsafe and NSW Agriculture and has been held annually since 1995.

Eight workshop topics each ran for 25 minutes, focusing on farm safety in relation to chainsaws, chemicals, motorbikes, Rural Noise Injury Prevention, Manual Handling, tractors/machinery/ electricity, firearms and cattle handling. The speakers are accredited safety officers representing State Forests of NSW, WorkCover NSW, Tamworth High School, NSW Agriculture, New England Area Health Service (NEAHS), Country Energy, Australian Centre for Agricultural Health and Safety (ACAHS) and firearms safety awareness officers.

"The participation of so many organisations indicates the high level of community support to promote a safe future for the next generation of farmers" advises Sue Hynes, Nurse Audiometrist, NEAHS, who coordinated the Field Day. "It indicates a high level of awareness of the need for young people to be the farm safety messengers for their school and the farms in which they are involved."

"In late 2000, a steering committee representing NEAHS, ACAHS, WorkCover NSW and Farmsafe NSW met in Tamworth to plan to expand this field day model used in Tamworth, Moree, North Coast and Mid north Coast areas", advises Patsy Bourke, Health Promotion, NEAHS. "As a result, WorkCover NSW agreed to fund a suite of modules developed to enable other regions of NSW to run similar events. The package called *Future Farmers* will be released in early 2002.

Research suggests that one of the best ways to reduce this heavy burden of illness is to increase the participation of older people in appropriate exercise and activities to improve their strength, balance, flexibility and mobility. One of the greatest challenges facing health workers in rural and regional New South Wales is to find ways to increase the access which older people have to these activities.

The Rural Falls Injury Prevention Program (RFIPP) brings together ten NSW Area Health Services to address this common challenge. The Greater Murray, Hunter, Illawarra, Macquarie, Mid North Coast, Mid Western, New England, Northern Rivers, Southern and Wentworth Area Health Services are collaborating on the program, which has been funded by the NSW Health Injury Prevention and Policy Unit, and is being managed by the Hunter Centre for Health Advancement.

The first objective of the program is to conduct a comprehensive audit of the opportunities which older people have to participate in appropriate exercise and activities. A Computer-Assisted Telephone Survey (CATI) will be conducted in late 2001. The survey will target a range of providers in regional and rural areas. In addition to creating a profile of existing access, the survey aims to identify opportunities to increase this access, barriers which providers may have to this, and ways in which they can be supported. The audit will provide data to facilitate the development of local Action Plans which will be implemented in 2002. Products to support these plans - which may range from best practice guidelines or training packages to public communication strategies - will be developed centrally by the project team.

This innovative collaborative model has several advantages. It allows for the sharing not only of resources, but experience and insight as well. There will be a focus on organisational and workforce development, resource allocation, building partnerships and local leadership. Health promotion workers from rural and regional areas often work in relative isolation, and this program provides them with an opportunity to come together to build the infrastructure and capacity required for sustainable change.

For more information about the RFIPP, please contact Deborah Radvan on (02) 4924 6246 or Email: deborah.radvan@hunter.health.nsw.gov.au

Jelly causing choking hazard

A food product has been banned in Australia after giving rise to concerns over choking. Sold under various brand names the jelly cups are mouth-sized jelly confectionery in a mini cup, that are sucked out of an individually sealed cup, sometimes with a fruit piece centre, containing the substance konjac (otherwise known as glucomannan, konjonac, konnyaku and tarro powder).

act as a plug in the throat if swallowed whole, effectively cutting off the air supply and posing a choking hazard. The jellies contain konjac which is a non-permitted additive because it affects the speed with which the jelly dissolves. Unlike gelatine-based fruit jellies the products with konjac do not dissolve quickly in the saliva.

Contributed by Ian Scott

The shape and consistency of the jelly can

Reviews of 13 USA community-based interventions to reduce motor vehicle accident and injury

The American Journal of Preventive Medicine (AJPM), in collaboration with CDC's National Center for Injury Prevention and Control and the Task Force on Community Preventive Services, recently released a special supplement containing systematic reviews of 13 community-based interventions to reduce motor vehicle-related injuries and deaths. The full articles and methods, together with "Commentaries" by the Surgeon General, Ted Miller, MADD, NAGHSR, Novick and Kelter, and Pat Waller, can be downloaded.

Find this special supplement online at www.cdc.gov/ncipc/duip/mvsafety.htm.

The supplement highlights results from systematic reviews of scientific literature on interventions to decrease alcohol-impaired driving, increase the use of child safety seats, and increase use of safety belts. The Task Force on Community Preventive Services, an independent, nonfederal panel of community health experts, issued recommendations for implementing interventions with demonstrated effectiveness based on the reviews conducted by CDC scientists.

Visit www.thecommunityguide.org for more information about the Community Guide, complete text for each of the supplement articles, brief summaries of the interventions, and Task Force recommendations.

The findings can be used to support or expand local motor vehicle injury prevention programs and to promote the adoption, maintenance, or strengthening of traffic safety laws.

If you have questions or would like hard copies of the supplement, contact me at (770) 488-4699 or DSleet@cdc.gov.

David Sleet, Ph.D. Associate Director for Science, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control Centers for Disease Control and Prevention



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POLYVINYL CHLORIDE (PVC) TOYS

The safety and toxicological effects of toys manufactured from Polyvinyl Chloride (PVC) is currently being publicly debated by industry, environmental and consumer groups.

The area of concern is whether the plasticizers used in flexible PVC toys pose a health risk to children.

As children are some of the most vulnerable groups in our society, the issue of toy safety is often charged with emotion. The intention of this short article is to summarise the facts as researched. The research was conducted as part of my Bachelor of Applied Science (Occupational Health & Safety), which I am currently studying at RMIT University in Melbourne. For brevity and ease of reading, I have not included reference sources in this article. However, the original research article and the accompanying list of references are available upon request.

Plasticisers are added to PVC to make it flexible. This characteristic is particularly desirable in toys that are mouthed, chewed or sucked by infants and young children as plasticity reduces the hazard of cuts and damage to gums, mouth or teeth.

Typically, a flexible PVC product will contain between 20% and 50% plasticiser. The plasticiser most commonly used in children's toys is DINP.

Some health effects have been found in exposures in large dosages of DINP.

High doses of DINP around 1,000 - 10,000 times the Acceptable Daily Intake of DINP have been found to produce adverse effects in animal studies. In addition, these high doses are around 400 - 5,000 times the highest estimates of DINP exposure to children or 3,000 - 30,000 times the average estimates of DINP exposure to children.

However, the data that was researched has demonstrated that as with any risk assessment, there are several sources of uncertainty. These include:

- toxicological mechanisms;
- relevance of toxicological studies to humans;
- laboratory test methods used to assess the migration of phthalates from PVC products, particularly from children's toys;
- estimates of children's contact time with toys and their mouthing behaviour;
- variability of plasticiser content of PVC children's toys.

Further research is needed to address these uncertainties.

However, despite these uncertainties, the vast majority of the scientific literature surveyed in this exercise has concluded

that few if any children are at risk from exposure to DINP from PVC toys and teething. Yet, despite this, further research into the issue is also recommended by most of the researchers.

There is no evidence to suggest that humans have been adversely affected by the plasticizers used in PVC toys, but the possibility that such a link could be established in the future should not be discounted.

The public debate is basically conducted by the stakeholders attempting to discredit the facts presented by the opposing party. There appears to be little co-operation by all involved to objectively present facts or to actively investigate possible alternative materials.

Most of the research and media releases reviewed concentrated on either condemning or defending the use of phthalates in PVC products, and usually included numerous research findings to support the contention made. Headlines encountered include:

- "Industry Admits to Using Toxic Chemicals in Vinyl Toys"
- "Greenpeace Winning Plastic Baby Toy Battle"
- "Greenpeace Is Wrong: A Response to Greenpeace's Latest Claims About Phthalate Esters Prepared by the Chemical Manufacturers Association Phthalate Esters Panel"
- "Panel Deems Vinyl Toys Safe"
- "Industry takes Action on Fear Mongering Toy Campaign"

Such adversarial approaches do little to contribute to the public's perception and understanding of this issue.

Both the vinyl and toy industry groups could constructively contribute to the public debate on the issue of phthalates in PVC products by focusing attention upon the development of possible alternatives to phthalates (or PVC).

An informed public debate, based on facts (including dosage and exposure data) and the ramifications of these facts is needed. Consumer, environmental and industry groups and governments have a role in this debate. Each of these bodies are able to, and need to, contribute in a constructive manner with public safety as the over-riding consideration.

In the meantime, as there is no evidence that any human has suffered any adverse effects due to the use of PVC toys, the use of PVC toys should continue. However, further research into the issue is needed and development and investigation of alternatives need to occur.

Murray Parker, Quality Assurance / Safety / Environmental Manager for two divisions of Visy Industries in Melbourne



AIPN Award recipient - Graeme Johnstone



Pictured left: Graeme Johnstone, Victoria's State Coroner, with his AIPN Award.

As an individual Magistrate sitting as a Coroner and as the State Coroner of Victoria Graeme has taken great pains to look at and overcome the cause of injury death. In his initial product safety case, the investigation of a death associated with the "Mistral Fan" heater, he collected the information necessary to show that the system of prevention had failed. There had been numerous fires associated with the product and it was well known as a hazard but it took the investigation of the death and the follow up to institute change. In collecting a number of child drownings in swimming pools he brought together experts to demonstrate the patterns associated with these deaths and the available means of prevention and the steps necessary to implement them.

As State Coroner he has been determined to locate the causes of injury death and to make sure that those with the power to make changes knew of the results. He has facilitated, championed and lead the move toward electronic collection of Coronial

Industrial manslaughter regulation.

The Victorian government is set to bring in new legislation that will allow employers to be charged with "industrial manslaughter". A Bill to this effect was introduced to the Parliament in November 2001 and is under discussion. The move follows a number of unsuccessful attempts to prosecute corporations for manslaughter or negligently causing serious injury in Victoria - including some in the construction industry. The proposed Crimes (Industrial Manslaughter) Bill will, if enacted, amend the Crimes Act so as to introduce two new statutory offences aimed at corporations: industrial manslaughter and negligently causing serious injury. Under the new legislation, a corporation would be liable where: it owed a duty of care to the deceased or injured person; it breached the standard of care; and its breach amounted to gross negligence. A package of documents relating to the Bill can be viewed at <http://www.workcover.vic.gov.au>.



Australia makes bunk bed provisions mandatory

The major injury mechanisms associated with bunk beds are falling (from the top bunk), head and limb entrapment and hanging by protrusions in the vicinity of the top bunk. A mandatory standard has been developed to remove from the market the main hazards that contribute to child injuries in bunk beds. It requires the provision of guardrails to reduce the high incidence of falls from the top bunk

AIPN is a professional organisation bringing together all Australians and New Zealanders concerned with injury issues. Please feel free to contact us for more information.

DEADLINES FOR NEWSLETTER CONTRIBUTIONS IN 2002.

1 March
31 May
2 August
29 November
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data and co-operation at the national level. He has also made considerable effort to make sure that there are information flows at the international level as well. None of these tasks have been easy and he has continued to make substantial effort across a long period of time and the Australian community and injury prevention in Australia have benefited from his effort. In doing this he has changed the face of injury prevention in Australia. Nominated by Ian Scott, Victoria.



and the elimination of hanging protrusions. The requirements are based on provisions of the Australian Standard for bunk beds. Information can be found at <http://www.consumersonline.gov.au>. Contributed by Ian Scott



Proposed date for the Second Pacific Rim Safe Communities Conference is 23 to 25 September 2002 at the Mackay Entertainment Centre, Mackay.

AIPN undertakes to collate information from contributors, and has not been responsible for the research reported in this newsletter



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