

AUSTRALIAN INJURY PREVENTION NETWORK

INJURY INCIDENCE

Vol 6, No 1 March 2002

Dear AIPN Members

It is hard to believe that we are already in March. The AIPN executive has started off the year with a rush; we are in the process of developing policy statements for falls, workforce and water safety. The time frame we are working towards is having these available for comment by the members by the middle of the year. The organising for the next conference has started. The conference will be in Perth and the dates for the conference are 16-18 March, 2003. Start thinking about papers and posters.

The executive has started to update the website (address below) and if anybody has any suggestions for things they would like to see on the web, changes to improve finding information or other general comments could you e-mail these to Aleksandra Natora at antora@iih.usyd.edu.au.

The Australian Injury Prevention Network, the New South Wales Injury Risk Management Research Centre, University of New South Wales, and The Injury Research Centre, Department of Public Health, University Of Western Australia are presenting a Symposium on the cost-of-injury in New South Wales and a Workshop on the economic evaluation of injury prevention programs. The Symposium will be in Sydney on 18 and 19 April 2002. See inside for more information and contact details.

The position for an Indigenous representative is currently available on the AIPN executive. If anybody has any suggestions or would like to undertake the job while Bob Davis is away please contact me on 02 6752 8215 or e-mail rfranklin@doh.health.nsw.gov.au.

Till Next Time

Richard Franklin

President AIPN

AIPN WEBSITE

[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.

Sponsorship of Sports Safety Equipment (Vic)

VicHealth, the Victorian Health Promotion Foundation funded by a specific tax on tobacco, actively promotes participation in sport as a means to maintain regular exercise. On the understanding that an estimated one million Australians suffer sporting injuries each year, resulting in significant health, economic and social costs to individuals and the community VicHealth has established a program to increase the use of safety equipment in sport.

Under the program up to \$2,500 is available for the purchase of safety equipment for use in sporting programs. Locally based non-profit organisations which have as their primary responsibility the organisation and implementation of physical activities within a local community are eligible to apply. Those with tobacco sponsorship are not eligible. Equipment must meet Australian Standards or be recommended by the sport's governing body and be transferable between players. For example: headgear; mobile safety netting; safety mats; mobile hand rails; buoyancy vests; eye and ear protectors; and goal post padding. Preference is given to junior clubs, and for equipment that encourages participation among specified groups such as Indigenous Australians.

VicHealth classifies the program as an investment in good health.

Safest year on NZ roads for 40 years

In January 2002, the NZ Transport Minister announced that 2001 was the safest year on New Zealand roads in nearly 40 years, with the death toll of 452 the lowest since 1964. The 2001 low beats the 2000 record low by 10. "The huge increase in the number of vehicles on the roads in that time makes this achievement particularly pleasing. In 1964 we had less than a million vehicles. Today we have more than ever before - 2.6 million.

"It seems that we are getting the safety mix basically right. We have more traffic patrols on New Zealand roads than at any time in our history, giving us all a very visible reminder that speed and other offences won't be tolerated."

A \$152 million package introduced last year also included almost doubling spending on community driver education programs, more comprehensive breath testing (particularly in high risk rural areas) and tougher enforcement of speed restrictions and seat belt rules. Other changes to be implemented this year, including new rules for vehicle safety, should help further reduce the road toll.

"From next April, all cars entering the New Zealand fleet will need to have frontal impact systems, which are the most important advance in vehicle safety technology since the seat belt. That change alone should help save about five more lives a year," the Minister said.

From: NZ Government Press Release, January 2002

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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AUSTRALIAN INJURY PREVENTION NETWORK

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Poisoning prevention in young children project (NSW)

Kids Health, The Children's Hospital at Westmead, Child Health Promotion Unit

Kids Health, in collaboration with the NSW Poisons Information Centre at The Children's Hospital at Westmead, has developed and implemented a Poison Prevention Project. The project aims to reduce the incidence of poisoning in children 0-5 years of age. The strategy is to provide childcare services, free of charge, with an appropriate information package on poison safety in the home environment.

The Poisons Information Package will help child care providers in NSW meet accreditation standards by providing parents/carers with information on poison safety in the home. It will also promote access to the Poisons Information Centre.

The package was advertised to childcare providers in NSW late last year. The package includes a kit for childcare centres, multiple copies of the 'kids and poisons' pamphlet and Poisons Information Centre stickers, to distribute to parents/carers. Contents of the kit are:

- Home Safety Checklist
- Poisonous Plants Fact Sheet
- The Kids and Poisons Pamphlet
- The Poisons Safety Checklist for Child Care Centres
- A flyer about Kidsafe House
- Poisons Information Centre Stickers
- Fridge magnets

Approximately 900 childcare providers responded to the advertisements. Packages were distributed during January and February of this year and orders are still being taken. The pamphlets are expected to reach about 100,000 families across the state.

A follow-up postal survey and in-depth interviews will take place during May to July this year, to determine the effectiveness of this state wide dissemination strategy. A raised level of awareness of action parents/carers/providers can take to help prevent poisoning occurring in the home/provider environment, is an expected outcome of this project.

Further information about the project can be obtained by contacting:

Rita Davenport, Health Promotion Officer

Phone: (02) 9845 3564

E-mail: ritad@chw.edu.au

A range of Fact Sheets for parents on health and safety issues, including those mentioned above, are available at The Children's Hospital at Westmead's Website:

Symposium (NSW)

The cost of injury & the economic evaluation of public health programs for safe communities

Presented by The Australian Injury Prevention Network and the New South Wales Injury Risk

Management Research Centre (IRMRC), University of New South Wales, in collaboration with The Injury Research Centre, Department of Public Health, University of Western Australia

Date: Thursday April 18th and Friday April 19th 2002

Venue: Rex Hotel, Potts Point, Sydney

The first day is focused on policy and methodological issues whilst the second provides practical experience in economic evaluation and the usage of cost data in the design and evaluation of public health initiatives.

18th April:

- presentation of the methodology and results of a project, funded by New South Health, to value the societal cost of injury in New South Wales. The project is a collaboration between the IRMRC and the UWA.
- talks on the economic evaluation of public health programs by Professor Jeff Richardson of Monash University's Centre for Health Program Evaluation, Professor Peter Abelson of Macquarie University, Dr Theo Vos of the Victorian Department of Human Services, Delia Hendrie of the University of Western Australia and Chris Aisbett.

Who should attend: Day one is targeted at senior public health policy advisers, public health managers and health economists interested in safe communities.

The methodology and results of the Study into the Cost-of-Injury in NSW will be presented by the IRMRC and UWA with presentations by the health economist, Delia Hendrie, by the statistician prominent in the development of Diagnosis Related Groups in Australia, Chris Aisbett and by the project officer responsible for the study, Mary Potter-Forbes. Papers will also be presented on the use of the DALY in priority setting by one of the primary developers of the DALY in Australia, Dr Theo Vos, and by the public health economist, Professor Peter Abelson. Ian Scott of Kidsafe and David Gadiel of Applied Economics will present case studies on the economic evaluation of public health programs, specifically one will address the use of cost information in the prevention of hot water scalds in children, and the other will present the results of a study conducted for the Australian Department of Health and Ageing on the effectiveness of domestic pool fencing legislation. The policy analyst, Jerry Moller, will conclude the presentations with a discussion on the policy implications of costing methodologies for injury prevention practitioners.

19th April:

- workshop on the economic evaluation of injury prevention and other safe community programs to provide practical experience for public health professionals in the construction and performance of economic evaluations.

Who should attend: This workshop is for public health specialists and managers who wish to gain exposure to, or augment their experience with, the tools of economic evaluation and analysis. It will be a day's work divided into three distinct but related sessions. Firstly, the nature of economic efficiency and its role in resource allocation and planning will be explored. Secondly, the different tools of evaluation - cost benefit, cost

effectiveness and cost utility analysis - will be explained and the different situations in which they are used discussed with the group. The participants will work on case studies and gain practice in the use of the evaluative tools throughout the day under the guidance of the workshop leader, Delia Hendrie, and the facilitator, Mary Potter-Forbes.

A full brochure and registration form may be downloaded from the IRMRC website: www.irmrc.unsw.edu.au or contact Mary Potter-Forbes on (02) 9385 6040 or 9385 4729.

Predictors of chronic occupational back pain

Research identifying those people highly likely to progress from acute occupational back pain to chronic work disability was published in the January issue of the journal *Spine*.

The study has examined all the known risk factors in workers from a diversity of occupations. The results will enable health care professionals to target specific risk factors presenting in an individual and develop directed strategies to prevent acute occupational back pain turning into chronic work disability.

The study, a collaboration between the University of Sydney's Institute for International Health and the Injury Prevention Research Centre at the University of Auckland, asked 845 people at the time of the initial claim for earnings related compensation to complete a series of questionnaires concerning individual demographics, personality characteristics and workplace factors at the time of the claim.

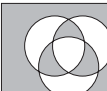
The finding showed that three months after the initial assessment, 204 of the 845 claimants (23.9%) were still receiving compensation. A combined multiple regression model of individual, psychosocial and workplace risk factors demonstrated that:

- severe leg pain (odds ratio [OR] 1.9),
- obesity (OR, 1.7),
- all three Oswestry Disability Index categories above minimal disability (OR, 3.1-4)
- a General Health Questionnaire score of at least 6 (OR 1.9),
- unavailability of light duties on return to work (OR 1.7) and
- a job requirement of lifting for three fourths of the day or more

Were all significant, independent determinants of chronicity ($P < 0.05$).

Dr Marlene Fransen, one of the Australian study investigators and lead author, said they were surprised that a history of occupational back pain, low job satisfaction or poor workplace relations did not rate highly as major risk factors, but were encouraged by the ability to identify, at a very early stage, claimants with increased odds for the development of chronic occupational back pain with a simple, self-report questionnaire.

Spine 2002; 27: 92-98



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New study on young driver injuries (NSW)

The Institute for International Health has been recently granted funds from the NHMRC to commence a study examining risk factors for young driver injuries.

The study will assess the importance of several factors (including pre-licensing driver experience and training, ethnicity and risk taking behaviour) as determinants of motor vehicle-related crashes and injuries among young people aged 17-24 years.

The prospective cohort study will recruit 20,000 young people at the time they receive their provisional driver's licence. Baseline information from participants will be linked prospectively to information about motor vehicle crash and injury involvement held in routinely collected databases. Recruitment is expected to commence in the second half of 2002.

The study is a result of the collaboration between the Institute for International Health (University of Sydney) and the Injury Research Centre, University of Western Australia, the Injury Risk Management Research Centre and the Centre for International and Multicultural Health, University of New South Wales, as well as the Roads and Traffic Authority of NSW (RTA).

Any enquiries about this study should be directed to Dr Rebecca Ivers, Institute for International Health on (02) 9351 0042.

South Australian Attempt to protect "Good Samaritans"

In an increasingly litigious society and to encourage people to give assistance where it is needed the South Australian Minister for Volunteers introduced a Bill into Parliament in late 2001 to limit the liability of people for injury arising out of genuine attempts to help victims in emergency situations. Called the "Good Samaritans (Limitation of Liability)", it defined a "Good Samaritan" as a person, acting without any expectation of payment or consideration who comes to the aid of a victim in an emergency or who gives advice about the treatment of someone apparently in need of emergency treatment.

Under the Bill the good samaritan is not liable for personal injury to the victim arising out of a genuine attempt to help the victim unless gross negligence is established. Media reports indicate that there have not been any cases of an injured person suing their rescuer and regard the bill as publicising the lack of risk to potential helpers rather than preventing litigation. While there is no similar legislation in other states, NSW has legal protection for medical professionals who attend an emergency and render assistance on a voluntary basis (there are limitations to this exemption in fairly extreme circumstances).

Contributed by Ian Scott, Victoria.

Australian Injury Prevention Plan: Priorities for 2001-2003

The national injury prevention plan for Australia and an Implementation Plan have been developed as a collaborative endeavour

by all Australian governments with advice from non-government agencies, professional bodies and industry organizations. The plans were approved by the Council of Health Ministers in August 2001.

The four priority areas are: falls in older people; falls in children; drowning and near drowning; and poisoning in children. These were selected on the basis of the evidence of injury burden and potential health gain; effectiveness, cost-benefit and acceptability of a range of interventions; and of there being a clear and actionable role for the health sector. Other significant injury areas are being addressed through specific national strategies on road injury, workplace injury and suicide prevention.

The Plan is intended to focus national effort towards the priority issues; to improve knowledge, strengthen infrastructure and implement injury prevention activities; and to promote evidence-based, sustainable injury prevention interventions.

A specific and separate plan is to be developed for injury prevention for indigenous people.

Responsibility for implementing the plan rests with what is called the Strategic Injury Prevention Partnership, a group that includes representatives of state and federal health departments. The Implementation Plan identifies specific actions, key players and possible allies for specific, identified actions in each of the priority areas.

Details can be found at the web site <http://www.nphp.gov.au/sipp> or from the Injury Prevention Section, Department of Health and Aged Care GPO Box 9848, Canberra ACT 2601, Australia.

Effect of Insurance Turmoil on Injury Prevention

In common with a large number of countries, Australia is being affected by major changes in the cost and conditions of insurance for public liability, product liability and professional indemnity. It appears that this is being brought about by the world-wide impact on insurance of the September 11 attacks in New York but also by the failure of a major Australian insurer, HIH, which collapsed in 2001 and possibly by earlier organisational changes in legal practice which may have reduced impediments to legal action.

There has been much media discussion of the turmoil and the Federal Minister for Small Business, talking of premium increases for public liability insurance of up to 700 per cent with tourism, building and retail sectors particularly affected.

While the clearest indications of change have been the substantial increase in premiums and commercial difficulties that have placed some companies (such as a leading medical practice insurer) into administrative control or receivership, there have been other effects through insurance induced changes in activity. There does not yet appear to be any major move towards increased insurance-induced requirements for risk management.

It appears that sporting clubs are one of the groups likely to be significantly affected. The media is talking of the potential for the gradual disintegration of amateur sport

("Clubs facing a bleak future", The Australian 6 February 2002) because of rising premiums and because sports officials will be at financial risk. Another aspect of the significance of insurance is the situation in which an elite-level professional Australian football player who had been declared fit by his team doctor was not permitted to play because the insurer who covers all players in the competition refused to cover him.

The Infant Nursery Product Association of Australia (INPAA) is undertaking an investigation of the impact of insurance changes on its members and negotiating with insurers for risk management conditions on insurance using INPAA's industry code of safe practice, called "SafeBaby".

For further information contact: Ian Scott, ianscott@virtual.net.au, PO Box 302 Abbotsford VIC 3067, Australia.

Research on improving protective capacity of helmets

The Australian Transport Safety Bureau has commissioned and published research on improving the shock absorbing liner in helmets.

The Report notes that approximately a quarter of motorcyclists and cyclists, wearing helmets, die from severe head injuries and that in another third of all fatalities severe head injuries were implicated. It argues that no significant safety improvement for bicycle and motorcycle helmets has been introduced in the last 3 decades and that the problem with current helmets is that they do not effectively absorb impact forces nor do they properly decelerate and spread blows from the point of impact.

The aim of the research was to develop a better impact-absorbing liner than is currently being used in the manufacture of bicycle and motorcycle helmets.

It was reported that researchers have indicated that helmet foam liners are too stiff and hard, that research on foam liners from fatal accidents showed little or no evidence of impact damage and that some research reported that the human skull distorted rather than the hard stiff foam liner, resulting in brain damage or death and that this "(indicates) a need for a softer absorbing liner".

It was argued that a dual-density liner, combining low and high density foams in a particular configuration would reduce the proven safety deficiencies of the currently used single-density hard-stiff foam liners.

The research tested whether foam made of the new design performed better than existing material using tests specified in the Australian Standards for motorcycle and bicycle helmets. The Report says that the new design of shock absorbing foam liners displayed "significantly more crushing, greater time-duration (interaction), less slab-cracking and recorded peak decelerations less than the required 300 g's (g-force)".

Morgan D.E., Szabo L.S. Improved Shock Absorbing Liner for Helmets, Australian Transport Safety Bureau, July 2001. Australian Transport Safety Bureau, PO Box 967, CIVIC SQUARE ACT 2608

Court case examines liability of administrators in "dangerous" sports

A Sydney court case concerning a football player paralysed in 1982 is examining aspects of the duty of care of administrators in sports.

In 1982 the Sydney amateur rugby union player was "hooker" in the front row of a scrum which collapsed leaving him paralysed. He is suing the NSW Rugby Union and his former club for unspecified millions of dollars, alleging that they knew the rules of the game exposed front-row players forwards to unnecessary risk. The rules for scrums subsequently changed to protect front-row players from neck and spinal injury. The plaintiff's lawyer has argued that if the laws had been in place at the time he would not have been injured.

In a previous, similar case, two players injured in 1986 and 1987 had sued the International Rugby Board but had lost the case on the grounds that the Board was too remote from the administration of the game in NSW and therefore had no duty of care to the players.

The argument was made that danger is often part of the attraction for players, that the decision to participate was made freely and that with autonomy came responsibility. The Judge in the case has indicated that the issues raised in the case could be applied across all dangerous sports.

From: The Australian, 21 February 2002.

Sports Injury News

Andrea Fradkin has been awarded an NHMRC PhD Scholarship to study the relationship between warming-up and injury prevention in golfers. She will be working under the supervision of Assoc Prof Caroline Finch at the Department of Epidemiology and Preventive Medicine at Monash University.

Associate Professor Finch has been appointed as the Editor of the Journal of Science and Medicine in Sport (the Australian sports science/sports medicine journal published by Sports Medicine Australia). This is a peer-reviewed international journal that is listed in Medline and PubMed, etc. One of the major areas of this journal is the publication of sports injury and sports injury prevention research. The journal also publishes broadly based exercise related research such as exercise interventions to prevent elderly falls. Further details for prospective authors or those who wish to subscribe to the journal can be obtained from Dominic Nagle (SMA Publications Manager) at Dominic.Nagle@sma.org.au for further information.

Victoria's Crime and Violence Prevention Strategy

The integrated Crime and Violence Prevention Strategy, developed by Crime Prevention Victoria in consultation with Government and other stakeholders, was endorsed by the Social Development Committee of Cabinet for public release in December 2001. The three strategic themes are Safer Streets and Neighbourhoods, Reducing Family Violence and Reducing Offending by Young People.

The strategy is now being prepared for publication and is expected to be available in April 2002. For further information contact Jan Shield on 03 9651 6944 or jan.shield@justice.vic.gov.au.

Reducing Injuries among Young Children

The Victorian Department of Human Services recently released a brief version of a systematic review of evaluated interventions to reduce non-road injuries among children aged 0-4 years. AIPN members, Jane Elkington and Jan Shield, were involved in the review, as was Jerry Moller. "Although there were no surprises in the findings, the review did document injury prevention countermeasures systematically, providing a baseline for future work," said Jan Shield.

"We found that many studies used before and after methodology, probably because more rigorous methodology is so expensive, but there's great potential to conduct RCTs and the like, and further implementation research is needed in this area," Jan said. "Another finding was that the results of many programs conducted in Australia had not been evaluated, thus excluding them from the review. This means we may have missed important learnings. This indicates a need to evaluate programs and to publish results to share our wisdom with others."

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.

PHAA Injury SIG seeking assistance to revise policies

The Public Health Association of Australia's Injury Prevention Special Interest Group is currently identifying policy development and policy revision priorities for 2002.

On the books for policy revision this year:

- ▶ SWIMMING POOL FENCING
- ▶ HOT WATER TEMPERATURE SCALD AND HOT WATER BURNS
- ▶ FIREARMS
- ▶ HEAD INJURY PREVENTION
- ▶ INJURY - A MAJOR PUBLIC HEALTH PROBLEM
- ▶ INJURY PREVENTION RESPONSIBILITY OF HEALTH AGENCIES

The Injury SIG welcomes the assistance from 'policy' motivated AIPN members, to assist in this process. You may also know of some enthusiastic higher degree students that could bravely carry out the revisions / or even put up new policies.

And of course there is policy development, to fill the gaps in the current SIG Policy portfolio. Should you have interest in any/ all of the above, please contact Beth Fuller, Convenor PHAA Injury Prevention SIG (beth@tsn.cc)

We look forward to your support!!

The Second Pacific Rim Safe Communities Conference which was proposed for September 2002 in Mackay is postponed to 2004.

DEADLINES FOR NEWSLETTER CONTRIBUTIONS IN 2002.

31 May, 2 August and 29 November 2002.

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

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