



# AUSTRALIAN INJURY PREVENTION NETWORK

# INJURY INCIDENCE

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## Dear AIPN Members

Just a quick note before I head off for the 1st Asia-Pacific Injury Prevention Conference & 6th National Conference on Injury Prevention and Control in Perth. By the time many of you receive this newsletter the conference will be over and hopefully we are all back at our jobs refreshed and enthused about preventing injury. The conference is the major activity of the AIPN taking up much of our time and resources. The upcoming conference looks very exciting with a number of workshops and many excellent papers on a range of topics from sports injury to suicide. After the conference, there will be a Researchers Workshop down at the Broadwater Sanctuary Resort, Dunsborough, Western Australia.

I would like to take this opportunity to thank all the people involved. In particular I like to thank the conference organiser, Katie Clark from Congress West, Mark Stevenson in his role as conference convener and Robyn Norton as chair of the scientific committee for their hard work.

The New AIPN Website is up and running, please visit <http://www.nisu.flinders.edu.au/aipn> and let us know what you think. The website has all the AIPN forms, newsletters, links, constitution, award winners and much, much more.

The next Injury Prevention conference will be in Mackay in September 2004 from Wednesday 15<sup>th</sup> to Friday 17<sup>th</sup>. This conference will run in conjunction with the 2<sup>nd</sup> Pacific Rim Safe Communities Conference. Mark these dates early as the theme Safe Living on the Edge should provide excellent debate about injury prevention and safe communities.

The Strategic Injury Prevention Partnership (SIPP) group is meeting around the conference and you should see many of the members attending. If you would like to know more about SIPP, who the members are and what we have been talking about in meetings, please go to <http://www.dhs.vic.gov.au/nphp/sipp/index.htm>.

Information about injuries, injury prevention programs, and literature about injuries in the Aboriginal and Torres Strait Islander communities is currently being examined by a consortium of people from around Australia. A workshop at the conference will present some of the preliminary findings from this research and it is hoped that this is the first step to producing an Aboriginal and Torres Strait Islander Injury Prevention Plan. As more information comes to hand I will keep you informed.

I wish you all the best over the next few months, please let Fran know if you have any information for the Newsletter, as we are always looking to keep you all abreast of what is happening in Australia in Injury Prevention.

Your Sincerely,

*Richard Franklin*

President, Australian Injury Prevention Network

## Mongolian Mission

The World Health Organization requested I undertake a three-week consultancy in Mongolia during August/September 2002. Mongolia's Cabinet has recently agreed to the development of a national program for injury prevention.

My task was to provide advice on strategies, which could be undertaken when implementing the national program, and to provide advice and assistance with reporting on the current data sources in the country.

Mongolia is a country just beginning to recover from the occupation by the soviet government for as long as forty years. Long delayed infrastructure development, an economy and culture, which had been either eradicated or seriously changed, have all resulted in an increased risk of trauma to all parts of the population. The country has a significant problem with alcohol and violence and of course road trauma (try to be a pedestrian there!) There are interesting issues straight from the culture as well. Mongolia has a huge population of dogs, many wild and also rabid. While staying in my hotel I could hear the dog fights in the centre of Ulaanbaatar at night. Trauma specialists talk of a lot of dog bites. Horses are integral to the culture and the Mongolians like to race, often using small children as jockeys with frequent head injuries as a result.

There will be a group of Mongolian program managers at the March 2003 Injury Conference in Perth. I do hope you will get to know them a little.

Pam Albany (NSW Health)



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## AUSTRALIAN INJURY PREVENTION NETWORK

### INCORPORATED IN VICTORIA

Public Officer: Caroline Finch

Phone: 03 9903 0581

E-mail: [caroline.finch@med.monash.edu.au](mailto:caroline.finch@med.monash.edu.au)

ABN 23 676 617 704

### AIPN Secretariat

Injury Control Council of WA

City West Lotteries House

2 Delhi St, West Perth WA 6005

Phone: 08 9420 7212

Fax: 08 9486 7955

# AIPN Student Bursary Winners for 2003

Prior to the 2003 Conference in Perth, three bursaries were offered to assist students to attend the Conference and showcase their work. The winners were Rebecca Dennis, Wendy Watson and Helen Myers.

Rebecca and Wendy received bursaries to the value of \$1000 each, to assist with the costs of attending the conference including registration, travel and accommodation.

Helen (who is based in Perth) received a bursary of \$250 to cover the cost of conference registration and attending the conference dinner. Each will also receive a one year membership to the AIPN.

Receptipients will be formally presented with their bursaries at the conference dinner, and it is our pleasure to publish each of their abstracts here.

## Cricket Fast Bowling Workload and Injury Study 2000-2002

Rebecca Dennis,<sup>1</sup> Patrick Farhart,<sup>2</sup> Chris Goumas<sup>3</sup> and John Orchard<sup>1</sup>

<sup>1</sup> Australian Cricket Board, Jolimont, VIC,

<sup>2</sup> New South Wales Cricket, Paddington, NSW, <sup>3</sup> University of Sydney, Sydney, NSW, Australia

KEY WORDS: cricket, fast bowling, workload, injury

OBJECTIVE: To examine the relationship between the bowling workload of first class fast bowlers and injury and identify a threshold at which point the risk of injury increases.

METHODS: Ninety male first-class fast bowlers (M = 26.9 years) were observed during the 2000-01 and/or 2001-02 cricket seasons. Workload was quantified by examining fixture scorecards and conducting surveillance at training sessions. Injury data was obtained from the Australian Cricket Board's Injury Surveillance System.<sup>1</sup>

RESULTS: The incidence of injury was high with 38 players sustaining a total of 57 injuries in 2000-01 and 46 bowlers sustaining 67 injuries in 2001-02. Injured bowlers bowled more frequently (M = 3.15 days between sessions in 2001-02) than uninjured bowlers (M = 3.64 days) ( $p < 0.01$ ). Injured players also tended to bowl a greater number of deliveries per week (M = 160.1 in 2001-02) than uninjured bowlers (M = 141.8) ( $p < 0.005$ ). Data from the two seasons were combined and the risk of injury for frequency of bowling sessions was determined using those players with an average frequency of 3-3.99 days as the reference group. Bowlers with an average of less than 2 days between bowling sessions were at 2.4 times the risk of injury (95% CI 1.6 to 3.5); bowlers with an average of 2-2.99 days may be at 1.4 times the risk of injury (95% CI 0.9 to 2.2); bowlers with an average of 4-4.99 days may be at 1.3 times the risk of injury (95% CI 0.7 to 2.3) and bowlers with an average of 5 or more days between bowling sessions were at 1.8 times the risk of injury (95% CI 1.1 to 2.9).

CONCLUSIONS: There appears to be a dual fast bowling workload threshold beyond which the risk of injury increases. It seems that maintaining a workload that is too low or infrequent is an equally significant risk factor for injury as maintaining a high bowling workload.

<sup>1</sup> Orchard, J. (2002). Australian Cricket Board

## A comparison of methods used to measure population-based injury morbidity

Wendy Watson<sup>1</sup>, Joan Ozanne-Smith<sup>1</sup> and Jeff Richardson<sup>2</sup>

<sup>1</sup> Monash University Accident Research Centre, Melbourne, Australia

<sup>2</sup> Centre for Health Program Evaluation, Monash University, Melbourne

KEYWORDS: injury morbidity, priority setting, DALYs, QALYs, FCI

INTRODUCTION: There are several methods of estimating the burden of injury, currently in use, that can be applied to ICD-9 coded population-based mass data. These include the Global Burden of Disease methodology, used to derive DALYs, and Miller and colleagues' QALY approach, both of which can be directly applied to ICD-9 coded data, and the Functional Capacity Index, which is mediated by the commonly used Abbreviated Injury Scale.

OBJECTIVES: The main aim of this study is to compare methods of measuring injury morbidity to determine whether the different approaches have any significant impact on the measurement of the burden of injury and the ranking of injury causes.

METHOD: The measures described above were applied to the Victorian Admitted Episodes Dataset. The average long-term disability values, derived from each approach, were compared across injury categories and a comparison of burden of injury estimates (in terms of total life-years lost), derived from each method, for injury cause and nature of injury, was undertaken.

RESULTS: The average long-term disability weights for broad nature of injury categories, calculated using each method, were not strongly correlated and the estimates of the burden of injury (life-years lost), derived from these, resulted in different ranking of injuries and causes depending on the method used.

CONCLUSIONS: These findings suggest that the choice of method used, will affect the outcome of both burden of injury and cost-utility studies, and therefore has significant implications for priority setting in injury prevention.

## Fall Risk Assessment: A prospective investigation of nurses' clinical judgement and risk assessment tools in predicting patient falls in an acute care setting

H Myers<sup>1</sup>, S Nikoletti<sup>1,2</sup>

<sup>1</sup> Sir Charles Gairdner Hospital<sup>2</sup> Edith Cowan University

KEY WORDS: Fall risk assessment, older persons, clinical judgement, hospital patients, instrument testing

ABSTRACT:

Falls are a significant problem in acute care hospital settings, and can have serious consequences, especially for older patients. Fall prevention has therefore been recognised as an important area for research and intervention. In order to target interventions and use resources effectively, a major strategy of many fall prevention programs has been the development and/or use of risk assessment tools to identify patients who are at high risk of falling. Currently there is a lack of evidence to support the clinical utility of such tools. There is a need to conduct further research to establish the efficacy of fall risk assessment tools for inpatient populations. Additionally, nurses' clinical judgment in assessing fall risk may aid the development of fall risk assessment protocols and further research is needed to build on limited knowledge in this area.

A prospective cohort study was used to determine the reliability and validity of two fall risk assessment tools and nurses' clinical judgment in predicting patient falls. The study wards comprised two aged care and rehabilitation wards within a 570 bed acute care tertiary teaching hospital in Western Australia. Instrument testing included test-retest reliability, and calculations of sensitivity, specificity, positive predictive value, negative predictive value and accuracy for each method.

In this setting, the three methods of assessing fall risk showed good sensitivity but poor specificity. All methods also had limited accuracy, and overall exhibited an inability to adequately discriminate between patient populations at risk of falling and those not at risk of falling. Consequently, neither nurses' clinical judgment nor the fall risk assessment tools could be recommended for assessing fall risk in this clinical setting.

## Multicultural work wins the Royal Children's Hospital an award.

The Royal Children's Hospital's commitment to working with the multicultural communities was recognised with an "Excellence Award for Service Delivery" from the Victorian Multicultural Commission. The award was presented at Government house on Monday 2 December 2002. Mr. John Pandazopoulos, Minister for Multicultural Affairs presented the award to Sharon Foster, Director Health Education, Centre for Community Child Health and Barbara Minuzzo, Community Safety Consultant, Safety Centre.

This award specifically recognised an innovative injury prevention program that involved comprehensive training and small grants for 13 Culturally and Linguistically Diverse (CALD) Peer Educators. These peer educators developed and implemented injury prevention programs to address the needs of their community. See photo below.

The evaluation of the program indicated that the training component for the peer educators and the identification and implementation of projects in their communities by the peer educators were beneficial for all participants.

The Department of Human Services funded this program.

The CALD Peer Educators injury prevention program was one example of our firm commitment to leading edge service delivery to multicultural communities and demonstrates why the Royal Children's Hospital is an Accredited Affiliate Safe Community Support Centre with The World Health Organisation.

For further details on the above project contact Sharon Foster 03 9345 5710  
Or Barbara Minuzzo 03 9345 5085



## Victorian Safe Communities Network

The VSCN is a forum for community safety practitioners, researchers and policy makers from all sectors and disciplines with an interest in community injury prevention and safety promotion. It meets formally each quarter for a workshop, guest speaker and an exchange of information and resources. Recent speakers have included Dr Elizabeth Waters from RCH; Bruce Esplin, Emergency Services Commissioner; the State Coroner, Graham Johnston; and Hass Dallal from the Australian Multicultural Foundation.

The newly established listserv at [Safe\\_Comm\\_Vic](mailto:Safe_Comm_Vic) also allows for the promotion of conferences, workshops and other professional development activities between meetings.

The members come from local government, service agencies, emergency service

organisations and research institutions.. What links the network members is an interest in community safety and a focus on working together to achieve best practice in community safety and injury prevention initiatives.

A cornerstone of the network is Community Safety Week, held each year in September, which has grown to the point where October 2002 has seen the birth of community safety month, [www.communitysafetymonth.com](http://www.communitysafetymonth.com). In 2001, over 630 activities related to local action for local communities took place during the fifth Community Safety Week held in Victoria. The Victorian Safe Communities Network is proud to be a key player in Victoria's community safety initiatives as well as a link to the international network of safe communities coordinated by the World Health Organisation.

For further information about the Victorian Safe Communities Network, visit our website at [www.vscn.org.au](http://www.vscn.org.au) or contact our Secretariat at [vscn@aips.com.au](mailto:vscn@aips.com.au) Telephone 03 9654 7844

## PROFILE Rebecca Mitchell

I joined the AIPN Executive Committee in 2001 and have been involved in creating a 'new-look' website for the AIPN and developing a couple of policy statements on particular injury issues.

I am currently working as a Senior Policy Analyst in the Injury Prevention and Policy Branch of the NSW Centre for Health Promotion and am involved in numerous injury prevention programs, including research programs of the NSW Water Safety Taskforce, falls injury prevention strategies, and a trial the World Health Organisation's Safe Communities model in three communities in NSW. One of my roles is to coordinate the NSW Injury Prevention Network which aims to provide professional development, support and networking contact for people working on injury prevention programs in NSW, mainly for injury prevention and safety promotion professionals working in NSW Health's Area Health Services.

Prior to working for NSW Health, I was a Senior Officer in the Epidemiology Unit at the National Occupational Health and Safety Commission where I was involved in an investigation of work-related fatalities in Australia, including industry-specific studies of fatal injury in the agriculture, construction, forestry, fishing, and road transport industries, and in a number of other projects, including the development of process or positive performance indicators of OHS performance for the construction industry in Australia.

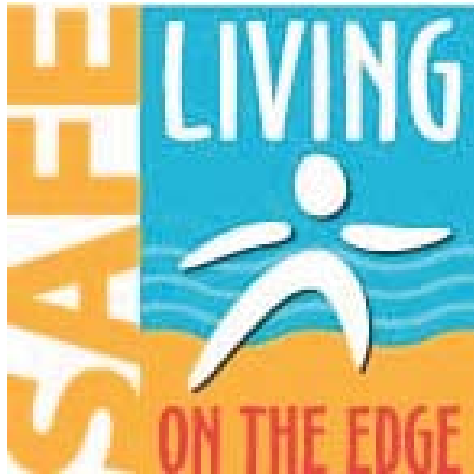
I welcome any comments regarding the AIPN website or AIPN policy statements and can be contacted at: [rmitc@doh.health.nsw.gov.au](mailto:rmitc@doh.health.nsw.gov.au)

## Driving Instructor Training Improves

The training & education of driving instructors has been substantially improved by the introduction of a new training course that became effective in January this year. The new course is a Certificate IV Course of the Australian National Training Authority and replaces the old Certificate III course. A committee drawn together by the Australian Driver Trainers Association and made up of TAFE, licensing authority and industry members sought input to what was required of a new course - the drafting was undertaken by TAFE with a view to the course becoming the required qualification for driving instructors in all states/territories. The objective was to ensure that the course would lead to a better prepared and capable instructor able to better prepare young drivers and so improve road safety.

Allan Porter  
Australian Driver Trainers Association  
Sydney

## AIPN 2004 Conference in Mackay



**15-17 September 2004, Mackay, Queensland**

### **7<sup>th</sup> Australian Injury Prevention Conference 2<sup>nd</sup> Pacific Rim Safe Communities Conference:**

Joint Chair of conference organising committee:

1. Kathryn McFarlane: Senior Health Promotion Officer, Tropical Public Health Unit, Queensland Health, Mackay, Queensland.
2. Dr Dale Hanson: Emergency Physician, Mackay Hospital. Queensland Health

Chair of Conference Scientific Committee:

Ass Prof Jim Nixon, Dept of Paediatrics & Child Health, University of QLD

**Register your interest for updates on this conference with the Conference**

**Secretariat:** Maria Lamari, PO Box 3090, Norman Park Q 4170

PHONE: 07 3847 2055 FAX 07 3847 2148

Web page: [www.nisu.flinders.edu.au/aipn/conference2004](http://www.nisu.flinders.edu.au/aipn/conference2004)



## AHPA New South Wales State Conference

AUSTRALIAN HEALTH PROMOTION ASSOCIATION

### **Building Bridges in the Bush**

**Pacific Bay Resort, Coffs Harbour.**

For further information please contact Christine Sullivan,

Conference Coordinator via e-mail

[csullivan@doh.health.nsw.gov.au](mailto:csullivan@doh.health.nsw.gov.au) or

Colleen Tee via e-mail

[ctee@doh.health.nsw.gov.au](mailto:ctee@doh.health.nsw.gov.au),

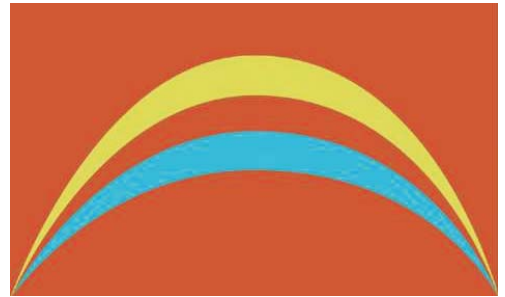
Phone: 02 6588 2750.

**18-20 May 2003**

#### **CONFERENCE THEMES**

- Promoting Health Promotion
- Equity
- Injury Prevention and Safety Promotion
- Healthy Lifestyles

The deadline for Abstracts has passed,  
but conference registrations are still available.



## AHPA Queensland State Conference

AUSTRALIAN HEALTH PROMOTION ASSOCIATION

### **Promoting Health: Taking it to the Streets**

**Windmill Conference Centre, Mackay, Queensland.**

#### **CONFERENCE THEMES**

- Creating the right mix
- Challenges and setbacks
- Joined up and getting things done

**24-26 August 2003  
(post conference  
workshop 27 August)**

**Conference Secretariat:** Maria Lamari, PO Box 3090, Norman Park Q 4170

PHONE 07 3847 2055

FAX 07 3847 2148 E-MAIL: [Qld\\_hp\\_conf2003@bigpond.com](mailto:Qld_hp_conf2003@bigpond.com)

#### **DEADLINES FOR NEWSLETTER CONTRIBUTIONS IN 2003.**

1 June, 1 Sept and 1 Dec.

Editor: Fran McFadzen

PO Box 946, Rockhampton Q  
4700.

[fran\\_mcfadzen@health.qld.gov.au](mailto:fran_mcfadzen@health.qld.gov.au)

Phone 07 4920 6980 (w)

Fax 07 4920 6865

**Call for Abstracts: Deadline Monday 14 April 2003**



## AIPN Executive Committee (Elected 30 September 2002)

Member	Phone	Fax	Email
Richard Franklin (P)	02 9181 5444	02 9181 5080	<a href="mailto:rfranklin@tpg.com.au">rfranklin@tpg.com.au</a>
Alex Natora (S)	02 9904 5480		<a href="mailto:olenka02@hotmail.com">olenka02@hotmail.com</a>
Stan Bordeaux (T)	03 6222 7653	03 6222 7407	<a href="mailto:stan.bordeaux@dhhs.tas.gov.au">stan.bordeaux@dhhs.tas.gov.au</a>
Marilyn Lyford	08 9383 8200	08 9383 9922	<a href="mailto:mlyford@rlsswa.com.au">mlyford@rlsswa.com.au</a> (Indigenous representative)
Caroline Finch	03 9903 0581	03 9903 0576	<a href="mailto:caroline.finch@med.monash.edu.au">caroline.finch@med.monash.edu.au</a>
Rebecca Mitchell	02 9391 9951	02 9391 9579	<a href="mailto:rmitc@doh.health.nsw.gov.au">rmitc@doh.health.nsw.gov.au</a>
Dale Hanson	07 4968 6348	07 4968 6027	<a href="mailto:dale_hanson@health.qld.gov.au">dale_hanson@health.qld.gov.au</a>
Chris Costa	08 9420 7211	08 9486 7955	<a href="mailto:ccosta@iccwa.org.au">ccosta@iccwa.org.au</a>
Rebecca Dennis	02 4577 6761		<a href="mailto:becdennis@bigpond.com">becdennis@bigpond.com</a> Student Rep