

Dear AIPN Members

Like the swan, we seem to be sitting still in the water, but trust me, there is much activity under the surface....

December finds us still without a Post Box, though we have made arrangements for managing our membership processes. Mail is still being forwarded from the old Secretariat in Injury Control Council of WA, so don't be alarmed if you have sent your membership remittance there by post and it has not been processed. We have a backlog that is waiting to be dealt with by our new membership manager.

Richard has been busy organising a replacement website for AIPN. At present, our site is kindly hosted by NISU, but there is a feeling that the time has come to start decreasing our reliance on the goodwill of other organisations. He was able to secure the site www.aipn.com.au You will be the first to know once it goes live.....

The AIPN Executive appointed the Research Representative at their December meeting. Following a call for written Expression of Interest from the two interested parties on the Executive, a vote was taken and Lesley Day was appointed to the post. Richard commented that it was a difficult choice as both candidates had strong but different attributes to offer.

Well that is about it for 2003. It has been a big year, as Richard notes in his column, and 2004 is shaping up to be even bigger. Be ready!!!

Fran

Fran McFadzen, Newsletter Editor

PS: Did you notice the wrong email addresses for two of the Exec Members in the October Newsletter. They are correct in this edition.

AIPN is a professional organisation bringing together all Australians and New Zealanders concerned with injury issues.

AIPN undertakes to collate information from contributors. This does not imply endorsement, and the AIPN has not been responsible for the research reported within.

President's Message

Merry Christmas and Happy New Year. Although Christmas is a time of year for family and relaxation, it is also a time of the year when people will lose loved ones from road crashes, drowning and other injury events. The need for a strong injury prevention community is most apparent at this time of year and for members of the injury community to stand up and be counted.

The year of 2003 will be remembered for many things, including another war with Iraq, SARS, the space shuttle Columbia disintegrating, Rugby world cup, and Pauline Hanson being goaled and then freed. It has also been a big year for the AIPN with the 6th Injury Prevention and Control conference held in Perth, preparation for the next conference, new policies ushered in at the AGM, the loss of our secretariat, new executive members and increased links and collaborations with other injury prevention groups such as the researchers group and PHA.

Many of you are probably wondering what is happening with the Secretariat and why haven't my fees been processed. We are still in discussions for a person or group to take over the processing of fees, while at the same time we are hoping to have a new mail address and website address. I will be writing to each of you in the new year asking you to continue supporting the AIPN and what the new arrangements are for the secretariat. With a conference in September, it is not a good time to let your membership lapse.

The conference is really starting to take shape. We have Paul Kells, David Sleet, Rob Lee and Carolyn Coggan already lined up as key note speakers, workshops on safe communities, working with the media, research methods, and collaborating in the Indo Pacific. The AIPN will hold their regular breakfast meeting and we have some jazz musicians to get your day underway and much much more. Keep an eye out for the conference brochure in late January which will give you all the details about the speakers, the streams, workshops, social events and pre and post conference activities.

The 10th Meeting of the Strategic Injury Prevention Partnership (SIPP) was held in Melbourne on the 18-19 November 2003. During the meeting the evaluation of the current Injury Prevention Plan, which is to commence in the new year and the development of a new plan which will be a major project of SIPP in 2004 were mentioned. The SIPP group met with the Victorian Coroner (Mr Graeme Johnstone) to discuss how the injury prevention community and in particular SIPP could work with the coroners to help prevent injury. We had a presentation from Associate Professor James Harrison about Computer-Assisted Telephone Interviewing (CATI) and the development of injury risk factors, attitudes and awareness questions. We received an update on the PHERP Injury prevention workforce project which held a trial of the material in Brisbane in November. We received an update on the program to develop a testing method for blister packs for drugs to ensure that they are child resistant from Dr Ron Somers. A Communiqué from the meeting providing greater details should be available soon.

The development of a new injury prevention plan has already started with many states and territories sending out questionnaires. A recent publication called "National injury prevention plan priorities for 2004 and beyond: Discussion paper" has recently been released to help in trying to decide the direction that a new plan should take. The Discussion paper is available at <http://www.nisu.flinders.edu.au/pubs/reports/2003/injcat55.php> I recommending having a read as it provides an excellent overview of issues in injury in Australia and provides a thought provoking perspective on where injury prevention should be moving.

Till next time, yours in injury prevention.

Richard Franklin

Richard Franklin, President

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(Still coming - don't panic!!!)

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WA Child Injury Prevention Network

Kidsafe WA, the leading non-government, not-for-profit organisation dedicated to the prevention of childhood injuries, and the Injury Prevention Branch, West Australian Department of Health have partnered to put Child Injury Prevention back on the Agenda.

The inaugural Western Australian Child Injury Prevention Network (CIPN) Forum, held on Monday 24th November 2003, is one of the strategies employed to facilitate communication and information exchange and to unite all sectors to ensure a sustainable focus on child injury prevention in an adult focused world.

The Forum titled "Child Safety Upfront", brought child injury prevention professionals together to discuss and share a broad picture of child injury and the emerging issues in child injury prevention.

Principal Speaker, Mr Ian Scott opened the Forum with his address titled "The Past and The Future in Australian Child Injury Prevention: Getting Child Safety Back on the Agenda", which explored the past achievements of child injury prevention in Australia and posed some thoughts about what the emerging issues will be for the future.

Continuing the theme of "Child Safety Upfront", other presentations included:

- Dr John Wray of the State Child Development Centre, whose presentation explored Child Development and Injury Risks:
- Ms Meagan Shand, who presented a "How To" workshop on Advocacy.
- Ms Melita Leeds, Child Injury Prevention Network Coordinator, Kidsafe WA, who presented an overview of another Child Injury Prevention Network strategy, the recently launched WA Child Injury Prevention Network website, and

demonstrated how members can contribute to and provide feedback on the content of the site, including accessing the Online Bulletin Board.

- Mr Andrew Hiskins, Trauma Registry Officer, Princess Margaret Hospital for Children, who presented an overview of the data collected by the Trauma Registry at Princess Margaret Hospital.

The final session of the Forum was an Open Discussion facilitated by Ms Nicole Bennett, Manager of the Injury Prevention Branch, and Mr Ian Scott and initiated the development of an Action Plan of next steps for the WA Child Injury Prevention Network. These included the following key issues:

- Supporting the Department of Consumer & Employment Protection in moves to put the onus on manufacturers to ensure safe products are supplied to the market
- Water Safety
- Playground Safety linking in with the important issue of falls prevention

The Forum concluded with an opportunity for participants to informally network and to view static displays of some member organisations' child safety activities. Participant evaluation described the forum as providing a fantastic networking opportunity with plenty of information and skills linked to their individual positions.

In order to maximise regional participation, the Forum was held to link with other Injury Prevention events being held during the same week.

For further information about the WA Child Injury Prevention Network or becoming a member of the Network, contact Melita Leeds cipn@kidsafewa.com.au or visit the CIPN website at www.kidsafewa.com.au/cipn.

Work-in-Progress

Cricket Injury Research

Project

Cricket Fast Bowling Workload, Injury and Performance Project

Aim

To examine various measures of fast bowling workload and how they affect the risk of injury and bowling performance in elite junior and senior fast bowlers.

Background

Injury surveillance conducted at a first-class level in cricket has shown that injury to fast bowlers is a considerable problem. The injury prevalence (percentage of players unavailable for selection for a match at any given time) was 14% for fast bowlers, 4% for spin bowlers, 4% for batsmen and 2% for wicket keepers. Previous research has identified that there is no single cause, but rather a combination of factors (overuse, poor technique and poor physical preparation) that may predispose a fast bowler to injury. Cricket Australia has issued guidelines for all bowlers aged under 19 years for each of these risk factors, however these guidelines are based on current best practice and incomplete evidence. There is currently no complete firm evidence-base for all areas covered by these guidelines. This project aims to address this issue.

Method / intervention

This prospective cohort study is being conducted with 100 fast bowlers from New South Wales and Queensland aged 12 to 33 years playing during the 2003/04 season. The participants complete a series of physical tests at the start and end of the season, such as an analysis of bowling technique, musculoskeletal assessment and fitness testing. Throughout the season, bowlers are required to complete a bowling workload diary for all match and training sessions in which they participate. They also report any injuries which are examined by a physiotherapist at the cricket association. Each of the factors measured will then be examined for the role they play in the occurrence of overuse-type injuries.

Outcomes to date

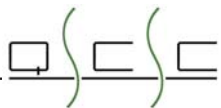
We are currently completing data collection. The participants have completed the pre-season testing and will now complete workload diaries until the end of March 2004. Following this they will complete the post-season testing and we will commence analysis!

The only barrier we have encountered so far is that it is difficult to motivate bowlers to complete the workload diaries for the duration of the 6 month season. However, we are fortunate to have Brett Lee as an ambassador for the project and he has written to all the participants to stress the importance of research such as this.

Conclusions and recommendations

Will be available in mid 2004!

Rebecca Dennis rebecca.dennis@unsw.edu.au



New Centre Established

Queensland Safe Communities Support Centre

The Mater Hospital, Queensland Injury Surveillance Unit (QISU) and Safe Communities have partnered to establish the Queensland Safe Communities Support Centre (QSCSC). The QSCSC will promote a Safe Communities model based upon the WHO Safe Communities model.

Its establishment is in response to recommendations identified in the Options Paper (see www.safecommunitiesqld.org)

QSCSC is now inviting expressions of interest to participate in an advisory or steering committee, and preparing a work plan for 2004.

Please let me know what your priorities are for support, e.g. training programs, media support, advocacy, workshops etc. You can do this via e-mail or in the discussion section of the website.

Dawn Spinks, Manager QSCSC, DawnS@qisu.org.au



The Victorian Safe Communities Network (VSCN) staged its first annual conference on the 31 October, 2003. Titled *Practical Approaches to Community Safety*, the conference focussed on providing practitioners with insights into an array of evidence-based community safety applications covering topics including traffic safety, alcohol and drugs,

crime and violence prevention, workplace and children's safety.

Keynote speakers for the Conference included Mr Bill McKendry, Director Crime Prevention Victoria, Mr Peter Akers CEO Metropolitan Fire & Emergency Services Board and Ms Lynne Galanti, Childrens Safety Promotion Officer with the City of Hume.

The day also provided an entertaining hypothetical discussion with delegate participation and, most importantly,

encouraged genuine networking amongst participants.

Following a very positive response from the delegates the VSCN is looking forward to next year's conference.

For your opportunity to build networks and form partnerships to support your role in community safety please contact Ms Barbara Minuzzo on 9345 5193 barbara.minuzzo@rch.org.au or check our website at www.vscn.org.au.

The Brain Injury Association of Tasmania

Main Activities of Organisation:

- The Brain Injury Association of Tasmania (BIAT) works to promote issues related to Acquired Brain Injury (ABI), raise awareness of brain injury and reduce the incidence. Our aim is to improve the quality of life for people with ABI in Tasmania.
- BIAT promotes community awareness and understanding of ABI, in terms of both prevention and the impact of ABI on the lives of individuals, families and the broader community, through training, resources and educational programs.
- BIAT lobbies to address systemic issues that impact on people with ABI, can refer clients to a wide range of service providers and to other relevant groups, provides professional support to service providers, and also provides an information service for Key Stakeholders*.
- BIAT is a non-government, state-wide organisation that has a range of members. BIAT is a member of the National body, Brain Injury Australia, which is a peak organisation addressing systemic issues for people with ABI at a State and Federal level.

Key stakeholders of BIAT are people with ABI and/or their families/carers, members (organisational and individual) service providers and funding bodies

The Association receives funding from the Motor Accident Insurance Board, Injury Prevention and Management Foundation Charities Committee and the Department of Health and Human Services.

Brain Injury Association of Tasmania principal activities include:

A core business activity of MAIB (as detailed in MAIB's 2003 submission to the Government Prices Oversight Commission) is "funding and implementing accident prevention and road safety strategies." While acquired brain injury can result from a range of causes in adolescents and young adults, road crashes are the major cause. In most cases the incident could have been avoided and since there is no 'cure' for brain injury, the emphasis must be on prevention. Of all demographic groups, young people, particularly those aged between 14 and 25, most urgently need to hear messages about injury prevention. Unfortunately, it is this group that are usually the least receptive.

A major role of BIAT is to develop and deliver ABI awareness and prevention programs that are appropriate and relevant to the target group. Prevention Awareness activities are a significant growth area for BIAT. As part of its Prevention Awareness Program, BIAT has launched the 'Using Your Head' competition; Tasmanian High School and College students have been challenged to 'put their heads together' to develop a presentation PowerPoint, video, flash movie etc. designed to make young people aware of brain injury as a consequence of high risk behaviour, and that looks at ways in which brain injury can be prevented. These presentations will be incorporated in the ABI Awareness and Prevention programs delivered, throughout Tasmania, by BIAT.

BIAT's role in the community conferencing process has changed from one of attending sessions involving the offender and their victim to that of initiating Prevention Awareness information sessions, across the State, to groups of young people 'at risk' who are referred by Tasmania Police and/or Youth Justice. Unlicensed motorists feature prominently in Australia's road crash statistics. Their crashes contribute about one in every twelve road fatalities. The current program, which includes a person with ABI talking with the young people concerned, enables BIAT to provide accurate and timely information on acquired brain injury and, in consultation with ParaQuad, general information on spinal cord injury, in a collaborative approach with Tasmania Police and Youth Justice.

The momentum of the Prevention Awareness Program is outgrowing BIAT's current resource allocation to this area of activity. Given the potential of the program BIAT is now seeking additional funds to employ a Project Officer to:

- seek additional funding from a range of other sources eg Tasmania Community Fund, Community Support Levy, Philanthropic organisations etc
- further develop the program incorporating competition entries and input from stakeholders
- investigate and report on the most appropriate and cost effective method of program delivery
- source audiences and promote the program ie Schools/Colleges, Stay Upright, Police, Youth Justice, Traffic Offenders (alcohol, speed), Repeat Offenders etc
- source and/or develop a training package to support ABI clients to assist in the delivery of the program

By getting involved in the competition, BIAT believe students will gain a greater awareness of the potential outcomes of high-risk behaviour and make alternative choices. The aim of BIAT's Prevention Awareness Program is to make people more aware of the long-term effects of brain injury and ways in which it can be minimised. Prevention and awareness are the only known cure for brain injury. The program has the potential to make a significant contribution towards the prevention of injuries resulting from road crashes.

Expected Cost Efficiencies and/or areas of improvement to be achieved by organisation activities

- Effective accident prevention initiatives will reduce not only premiums but also the non-financial costs associated with motor accidents such as trauma and suffering;
- Reducing the incidence of acquired brain injury can only result in a cost saving to the community; those costs relate to direct service delivery as well as the social and emotional costs.

Deborah Byrne



NoFalls "Train the Trainer" Course



Active Ageing
SA Inc.

Monash University Accident Research Centre, in conjunction with Active Ageing SA, will be conducting a one-day "Train the Trainer" course for the "NoFalls" exercise program in your capital city during February/March 2004. The exercise program has been shown in a research trial to prevent falls among community dwelling older people.

Work-in-Progress

Eye Injury Research

Project

Eye injuries in squash - the use of protective eyewear

Aim

Design and implement an eye injury prevention intervention

Background

Eye injuries in squash are not the most common injured occurred, but have the potential to be very severe. Despite this, less than one in ten players wears suitable protection

Method

Baseline data:

- 2 years of player survey data (injury data; playing habit; players knowledge, behaviour and attitudes associated with protective eyewear use)
- Audit of 9 years of insurance claim records of squash injuries
- 2 years of venue manager interviews
- Review of squash injuries requiring treatment and/or admission to an emergency department/hospital

Design of Protective Eyewear Promotion-Randomised trial of squash venues

Based on baseline data and on principles of behaviour change

Involved collaborative partnership with Victorian Squash Federation, Monash University and two leading eyewear manufacturers

Implemented over 4 months- four project venues and four control venues

Included: posters, pamphlets, stickers and the provision of various brands of eyewear for players to try and/or purchase

Evaluation of the Protective Eyewear Promotion (currently being undertaken)

Outcomes

The intervention is being evaluated at present. Barriers - university ethics committee!

Rochelle Eime PhD Student

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New WA Report Released

"Injury in Western Australia An Epidemiology of Injury 1989-2000 presents trends, priority risk groups, priority injury issues and issues that need further investigation.

The report is best used in conjunction with "Injury in Western Australia, A review of best practice, stakeholder activity, legislation and recommendations for selected injury areas".

Full reports available on-line

Print a copy of the full report from the Injury Prevention Branch web-site:

http://www.population.health.wa.gov.au/Promotions/resources_promotion.cfm#injury

Or Injury Research Centre:

[Http://www.irc.uwa.edu.au/](http://www.irc.uwa.edu.au/)

One class will be conducted in each capital city and numbers are strictly limited.

To register your interest in this fee-free course please contact: Katrina Reschke
Email: katrinareschke@activeageingsa.net.au

The Case For Mandatory Scooter Helmets - SA

THIS IS AN EDITED VERSION WITH SUPPORTING PIECHARTS AND TABLES REMOVED DUE TO SPACE LIMITATIONS.

The logic of mandating safety helmets for scooter riders on public roads depends on the strength of the analogy to bicycle riders. Society accepts mandatory helmet use for bicycle riders, based on 1) the proven efficacy of helmets, 2) the availability of affordable helmets, and 3) the demonstrated level of community compliance. If the risk of brain injury is broadly comparable for scooter riders and bicycle riders, then mandatory helmet use for scooter riders also makes good policy sense.

The head 'region' (ie the body region consisting of the head and face) is involved in about one-quarter of all scooter injuries sustained, almost exactly the same figure as for bicycles. The head region is particularly important, as about 85% of bicycle deaths are due to brain injury. Moreover, bicycling is among the most dangerous of common pastimes for children. Scooter riding is only about half as dangerous as bicycle riding, hour for hour, but this still means that scooter riding can be classified as a dangerous pastime for children.

On the basis of the frequent involvement of the head region in scooter injury, and the inherent high risk presented by scooter riding, it makes good public-health sense to mandate helmets, as is already the case in South Australia.

Which part of the body is typically injured in an injury event?

In order to answer this question, injury surveillance records were reviewed for 6,126 bicycle riders, 549 persons using roller or blade skates, and 188 scooter riders (84% of whom were in the age range 6-14). All these cases experienced a hospital-treated injury after an injury event on a public road or footpath. For each case up to three injuries were recorded, noting body region and nature of injury.

For each group (bikes, scooters, skates/blades) the distribution of the injuries by body region was drawn, showing that injury is very similar for scooter riders and bicycle riders. About one-quarter of the documented injuries in each group occurred in the head region (ie the head and face). Similar figures have been reported in Queensland and Victoria. For skaters, by contrast, the head region accounted for only ten percent of injuries.

Obviously not all head region injuries for scooter and bicycle riders involved a brain injury, but the pie charts (not provided here) are important because they demonstrate that the head region is equally involved in injuries from scooter and bicycle

riding. While bicycles can travel faster than scooters, and they are higher off the ground, a collision between a scooter and a motor vehicle, or a simple fall off a scooter, can easily generate enough force to cause a fatal or permanently disabling brain injury.

In quantifying risk, it would be technically desirable to count brain injuries, per se, rather than head-region injuries, but to do so would require waiting until a lot more Australian injury cases were registered. Brain injury from scooter riding is 'rare but catastrophic,' meaning that each such event is considered worth preventing. Instead of waiting around for a larger and larger sample, impotently counting victims instead of implementing sensible prevention, we use head-region injuries as a useful surrogate measure to speed our assessment of this hazard. Clearly head-region injury is correlated with brain injury. After all, every blow to the head region is a potential brain injury.

How do the rates of injury (ie the 'risk') compare between riders of scooters and bicycles?

The US government has characterised the injury risk of bicycle riding at about twice that for scooter riding. Does this imply then that scooter riding is low risk? Not at all. Half of a high risk can still mean a high risk. For example, riding on a motorcycle is about four times riskier than riding in a car. Does that mean the injury risks in a car are negligible? Clearly not. In quantifying the risk of an activity it is more important to consider the absolute risk than the relative risk (ie the risk relative to some other activity). In South Australia, bicycle riding is the single most common activity that brings children (6-14 years) into hospital for treatment following injury. Any other children's activity, including scooter riding, that produces even half the injury toll on an hour-for-hour participation basis, is considered to be worthy of deliberate public-health attention.

The way to protect the brains of scooter riders from injury is with a helmet.

For the full report, contact Ron Somers South Australia

1. D Hendrie, *Injuries Associated with the Use of Small Wheeled Vehicles*, 2001, ISBN 1875912 916
2. Queensland Injury Surveillance Unit, *Micro Scooters*, Dec 2000, www.qisu.qld.gov.au
3. Victorian Injury Surveillance and Applied Research System, *Selected Short Reports*, 2003
4. www.cpsc.gov/pr/prscoot.html
5. US Consumer Product Safety Commission, Directorate for Epidemiology, Rutherford, Ingle and Mills, *Unpowered Scooters*, Product Code 1329, October 2001, Table 12, page 21.

Award for 5 year research program

Professor Caroline Finch has been awarded a prestigious NHMRC Principal Research Fellowship which provides support for her to conduct injury research over the next five years. Her 5-year research program will have two major foci: 1) providing an evidence-base for sports injury prevention at the community-level of participation (ie not in elite athletes) and 2) using a data driven approach to identifying injury problems and for establishing a firm evidence-base for injury prevention initiatives across a range of injury contexts in New South Wales. Caroline is the Director of the NSW Injury Risk Management Research Centre.

Publication on Cost of Injury

The NSW Injury Risk Management Research Centre has released a report entitled "Injury costs! A valuation of the burden of injury in New South Wales 1998-1999". Overall, the total cost of the 13 most significant injury mechanisms was \$2.6 B for 1998-1999. The most costly injury mechanisms were falls (\$644 million), self-harm (\$588 million) and road traffic crashes (\$555 million). Copies of this report (either hard copy or as a pdf file) can be obtained by contacting Patricia Villaroel on 02 9385 4207 or p.villaroel@unsw.edu.au

DEADLINES FOR NEWSLETTER CONTRIBUTIONS IN 2004.

- 1 March 2004
- 1 June 2004
- 1 September 2004
- 1 December 2004

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