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The Far Side by Gary Larson.
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Thag Anderson becomes the first fatality as a result of falling asleep at the wheel.

KEEPING AN EYE ON EYE PROTECTION

How well does the recommended industrial eye protection actually work?

Concerns about the failure of recommended eyewear to adequately protect workers from injury prompted NISU's Jerry Moller to initiate an in-depth research project to identify the frequency and nature of eye protection failure in the automotive industry and petroleum refining industries. The project will thoroughly document circumstances leading to eye protection failure and will make recommendations about improvements in design, selection of protective eye wear for different tasks and in different settings and fitting guidelines.

Preliminary investigations yielded the following background to the issue:

BACKGROUND

In the US it is estimated that, every day, 1000 eye injuries occur in American workplaces resulting in $300 million dollars per year in lost production time, medical expenses and worker's compensation. 70% of these injuries are caused by flying particles smaller than a pin head and one fifth caused by exposure to chemicals.[1] While many of these injuries are caused by workers not wearing appropriate eye protection, more than 50% of workers injured while wearing eye protection felt that another type of eye protection could have better prevented or reduced the injury suffered.

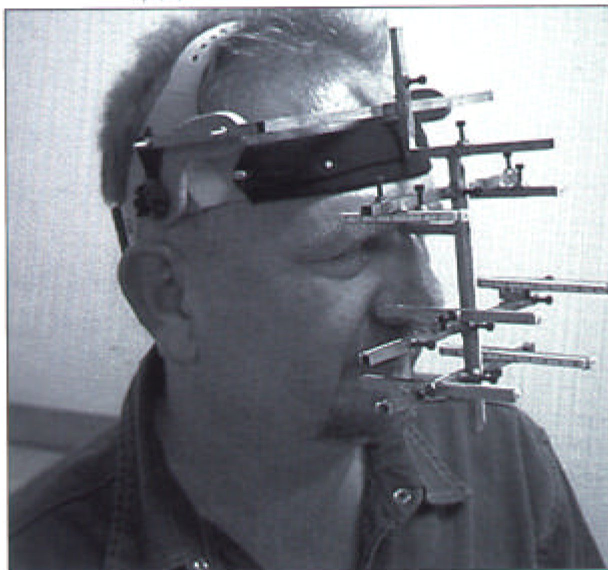
Australian workers' compensation data provide a limited picture of eye injury because often the injury requires relatively brief treatment and is not the subject of a claim. The Australian Institute of Health and Welfare's National Injury Surveillance Unit (NISU) studied eye injuries presenting to emergency departments of hospitals and found a pattern of injury similar to the US.

NISU detected 35,228 eye injuries reported in its sentinel injury surveillance system (ISIS) between 1986 and 1994. More than a third (13,595 cases) occurred while the person was on the job or where the place was an area of production or commerce. Of these, 2861 cases indicated that eye protection had been worn. These were often associated with particular types of tools and tasks namely grinders and welders where the operation was metal cutting or grinding. Some high severity incidents, requiring admission to hospital, involved hammering of metal, nail gun projectiles and chemical spillage into the eye.

NISU's analysis showed that:

- Eye protection appears to be effective in reducing the overall severity of injury. The risk of admission or the need for follow up treatment is greater among those not wearing eye protection. However, there are a number

Keeping an Eye cont...



NISU's Stan Bordeaux sporting the specially designed 'Eyechidna' used in the study.

of cases where it appears that relatively severe injuries have occurred while protection is being worn. Eye protection is more likely to be worn in higher risk environments and it may be possible that, when eye protection fails, the injury is more severe due to the higher energy nature of the task involved.

- Portable grinders appear to be more often associated with injury while wearing eye protection than are other tools. Bench grinders also exhibit the same pattern but not to the same extent.

It was not possible to determine, from mass surveillance data, whether the eye protection was actually being worn, or if the correct eye protection for the task had been chosen. The descriptions of events, however, suggest that, not infrequently, injuries occur while appropriate eye protection is being used.

In 1994 OSHA in the US updated its eye protection rules. The American National Standard on Eye Protection ANSI Z 87.1 1989 was due for its five year cyclic review in 1995. NISU is currently obtaining documentation on the changes made and, if possible, the evidence on which they were based. It is understood that the recognition that injuries were still occurring when properly selected and approved protective equipment was worn was a significant issue in the review.[2]

Literature on work related eye injuries from Australia and the United States suggests that the problem is greatest for the automotive industry. This is likely to be due to the types of exposures and tasks in this industry. Most of the literature suggests that failure to wear eye protection, or its incorrect selection, is the most frequent problem. Fong, however, also argues that the Australian Standard 1336 does not specify the correct type of eye protection for hammering operations.[3] Larger studies in the US point to failure occurring due to particles by-passing the eye wear, rather than impact failure.[4] This has also been noted in a South Australian study.[5] These issues are poorly researched, as the focus of most research is on wearing rates. It is important to ensure that eye protection is effective if greater commitment to wearing the correct protection is to be achieved.

Discussion with Occupational Health and Safety staff at Mitsubishi Australia and the Adelaide Refinery confirmed that eye injuries are occurring frequently even when approved eye protection is worn. Both companies have agreed to participate in a detailed prospective study to determine the causes and to search for design solutions.

Standards Australia is currently completing a review of AS 1336 and will commence review of AS 1337 in the near future. There is a lack of empirical evidence on which these committees can base their deliberations. The Chair of the Committee, Prof Stephen Dain has acknowledged the importance of addressing the lack of empirical evidence. The research project will help to fill this gap and should enable appropriate changes to be recommended for Australian Standards on eye protection and guidelines for their use.

RESEARCH DESIGN

This is a descriptive study. Health centres treating eye injuries where the worker has indicated that they were wearing eye protection appropriate to the task will recruit participants. Subjects will be interviewed and photographed with the protection in place by a single trained interviewer. The work environment will be mapped and anthropometric measurements of the face taken. The report will describe the sequence of events leading to the injury, the protection used and how it fits the user, and will document the work environment.

Fifty consecutive cases referred from the health centres of Mitsubishi Motors and Adelaide Refinery will be studied in the first wave, commencing at the beginning of February. It appears that sufficient cases will be identified during the first couple of months. If additional cases are needed to understand separate issues relating to different tasks or types of eye protection, the study will be extended, seeking further cases of these types. From pilot work, it is unlikely that a total of more than 100 cases will be required to adequately describe how the injuries are occurring. The number of cases studied will be sufficient to provide data to compare the facial anthropometry of injured workers with norms.

The research team will be led by NISU's Jerry Moller. Chris Myors, a Senior Lecturer in Industrial Design at the University of South Australia, will analyse anthropometric data and will advise on possible design changes and the usefulness of computer modelling of facial anthropometry to future design processes. Other members of the team are Dr T Lillington, Manager of Occupational Health and Safety at Adelaide Refinery; Angela Sparrow, Manager of Occupational Health and Safety at Mitsubishi Motors; and a union representative to be nominated by Mitsubishi Motors.

For further information about this project, contact Jerry Moller at NISU, Tel: (08) 8374 0970; email: jerry.moller@nisu.flinders.edu.au

Advisory Committee on Road Trauma

Monitor 8 reported on the establishment of the Australian Advisory Committee on Road Trauma (AACRT) and we take this opportunity to inform readers about the Committee's activities in the intervening period:

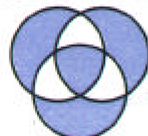
In November last year, in conjunction with the Federal Office of Road Safety (FORS), it organised a Summit on the issue of recidivist drink drivers. This Summit drew together key road safety, enforcement, health, engineering and other professionals to discuss the problem of repeat drink-drive offenders. The latest research relating to the area was presented, the nature of the problem was defined and analysed, and existing and possible countermeasures from overseas and in Australia were assessed. A series of structured workshops completed the Summit, out of which arose recommendations contained in the official Communique.

In recent months there has been progress with the Summit recommendations in a number of areas, including the introduction of alcohol ignition interlocks in Australia. Other recommendations from the Summit fed into a "fast track package" of road safety initiatives formed in response to the 1996 Christmas New Year holiday period road toll. The Federal Minister for Transport and Regional Development, the Hon John Sharp MP, promoted this package at the 14 February 1997 meeting of the Australian Transport Council.

The major AACRT project for 1997 will be the promotion of road safety through vehicle fleet management strategies. The *Monitor* will report details of the Committee's initiatives in this area as they become available.

Please note these membership changes: Fae Robinson has resigned and a replacement is yet to be made. Dr Anthony Ockwell has replaced Mr Keith Wheatley as the representative from the Federal Office of Road Safety.

Further information about the AACRT, or about obtaining a copy of the Summit proceedings, is available from Michelle Manly, Tel: (06) 274 7659; Fax: (06) 274 7477; or email: mmanly@email.dot.gov.au



AUSTRALIAN INJURY PREVENTION NETWORK

In February 1995 the fifth annual meeting of the Australian Community Based Injury Prevention Network determined to form an independent organisation of injury prevention professionals. Independent from this decision a meeting of researchers with an interest in the prevention of injury, called together to develop a national strategy for injury research, reached a similar conclusion that such an organisation was necessary. A decision to bring the interests of both groups together under one banner was made during the Third International Conference on Injury Prevention and Control with the establishment of the Australian Injury Prevention Network (AIPN). The Network was developed to bring together injury workers from the network of community controlled injury prevention programs, injury prevention researchers and other injury prevention workers, such as those who work for state and regional health departments, local government, etc. In addition, the Network hopes to attract other workers from other disciplinary groups such as road safety, occupational health and safety, etc.

AIPN aims to provide an information exchange among members, support for professional development and a capacity to lobby governments on injury policy and funding issues. The Network has published its first newsletter and is planning an Internet Web page.

The holding of annual national meetings is a logical consequence of this endeavour, and the interim AIPN committee has decided to hold a Symposium to discuss future directions for injury control in Australia on 12-13 June 1997. This meeting, which will include an Annual General Meeting of the AIPN, is intended for anyone with an interest in contributing to injury prevention in the future. It will be held in Sydney. AIPN plans to hold a much larger conference early in 1998 which could realistically constitute the Second National Conference on Injury Prevention and Control.

For further information about AIPN, contact Lynda Hannah, Tel: (03) 9345 5086; Fax: (03) 9345 6471.

NISU Website

NISU's website continues to grow and is a veritable treasure trove of information on injury and its prevention. If you haven't visited lately, take a few minutes soon to explore what's on offer. In addition to back issues of the *Monitor* and *Bulletin*, you'll find information on a range of issues including injury-related hospitalisation amongst indigenous Australians and motor vehicle exhaust related suicide.

You'll also find data sets to search through and download from: deaths data for all Australian States and Territories and detailed data on the geographic distribution of major causes of injury death. The current offering is soon to be supplemented by 1993/94 and 1994/95 hospitalisation data for Australian States and Territories.

To access and download information from our site, visit **http://www.nisu.flinders.edu.au/welcome.html**

Steve Trickey and David Robley – our information technology gurus – have responded to user feedback and are redesigning the website's format to make it more user friendly. This change is imminent and you can expect to be greeted by a much snazzier entree to the NISU website in the very near future.

Further information about the website is available from either Steve Trickey or David Robley at NISU, Tel: (08) 8374 0970; Fax: (08) 8374 0702; email: nisu@flinders.edu.au

Hot Water Temperatures

By Ron Somers, South Australia

The minutes of the 24th meeting of the joint Australia and New Zealand standards committee dealing with the National Plumbing and Drainage Code contain four lines summarising discussion on allowed maximums for hot water temperatures in bathrooms and bathing areas. The meeting, held in Brisbane in early December, apparently did not require much discussion to settle the issue of whether Australia's very good limit of 50 degrees would prevail over New Zealand's very much poorer limit of 55 degrees. Had a very effective campaign not been launched in the two countries it is almost certain that the New Zealand alternative would have been adopted in order to harmonise plumbing conventions in the two countries.

In retrospect it seems incredible that Australia's relatively new temperature limit could be so easily overturned by the general desire. for conformity between nations. Because the standards committee concerned has had no representation from the health sector, all the recent good work to ensure a reduction in risk of scalding could have been wasted. Had the Australian temperature limit been raised by five degrees, as requested by the New Zealand plumbing sector, children in Australia would have had their five minutes grace period (before full thickness burn occurs) reduced to a matter of seconds. As is well known by now, a few degrees extra in the critical range of scalding can make all the difference in the nature of skin damage. With the agreed conversion of the New Zealand temperature limit, children in that country can enjoy the same protection as their counterparts across the Tasman.

The main lesson in all of this is the importance of achieving adequate health sector representation on all standards committees with a safety brief. It was only *an accident* (you should pardon the word) that the health sector found out about the impending standards decision on temperature limitation.

Hats off to those who contributed to the quick marshalling of public-health opinion in the two countries. Coordinated pressure in the right places saved the day.

Ron Somers can be contacted at the Injury Surveillance and Control Unit, SA Health Commission, Tel: (08) 8226 6361; Fax: (08) 8226 6316; email: rls@hc2.health.sa.gov.au

ABORIGINAL INJURY HOSPITALISATIONS

If you read *Bulletin* 14, which focused on understanding national injury data regarding Aboriginal and Torres Strait Islander peoples, you will no doubt be interested to learn that more detailed information is available on this topic. NISU recently published a working paper, *Aboriginal and Torres Strait Islander peoples injury-related hospitalisations 1991/92: a comparative overview.* As its title suggests, the report provides a comparative overview of injury in Aboriginal and Torres Strait Islander peoples and non-Aboriginal populations. From this, a number of specific injury causes are selected for more in-depth analysis. Criteria for selection included: contribution to injury rates across the age range; the existence of particular age-specific patterns that could be the target of preventive strategies; and causes where differentials between Aboriginal and Torres Strait Islander peoples and non-Aboriginals were particularly high.

The quickest and easiest method of obtaining a copy of this report is via our website: http://www.nisu.flinders.edu.au/welcome.html If you don't yet have Internet access, a limited number of printed copies is available from NISU, Tel: (08) 8374 0970; Fax: (08) 8374 0702; email: nisu@flinders.edu.au

CAN WE HAVE IT IN PLAIN ENGLISH?

With more than 50 pages of relatively technical information, the full report on Aboriginal injury hospitalisations won't meet everyone's needs. For this reason, a plain English summary of the report has been prepared and will become available soon. The summary has been put together by the Darwin-based National Centre for Aboriginal and Torres Strait Islander Statistics.

For further information, contact NISU on Tel: (08) 8374 0970; email: nisu@flinders.edu.au

AUSTRALIAN RED CROSS

DRUGS, ALCOHOL & THE WORKPLACE!

FRIDAY 23rd MAY '97 • 9.00am - 4.30pm
Carlton Crest Hotel, Melbourne

This 1 day Seminar will examine drug and alcohol issues in relation to Occupational Health and Safety. Emphasis on taking a practical approach using current workplace practices is a major focus of this seminar.

TOPICS INCLUDE:

Drugs in the Community & Challenges for the Workplace. Emeritus Prof David Penington AC

Occ Health & Safety Act (1985) • Mr Rod Smyth - Vic WorkCover Authority

Drugs & Alcohol in the Workplace • Mr John Morrison - Drug & Alcohol Counsellor

Signs, Symptoms & Management • Dr Alan Gijsbers - St Vincent's Hospital

Drug & Alcohol Testing in the Workplace • Ms Rhonda Galbally - VicHealth

Industry Policies and Procedures • Du Pont Australia Ltd & Esso Australia Ltd

Workplace Policies and Procedures • Ms Barbara Palmer - Vic WorkCover Authority

For further information or to register, contact: Janine Konoroth on (03) 9685 9896 or Fax on (03) 9682 0047.

REGISTRATION CLOSES: 19th MAY 1997

Injury Training Opportunities

Two new certificate courses in injury prevention and control have been developed by the School of Health Studies at Perth's Edith Cowan University. Available by distance education from Semester One, 1997, the certificate courses provide formal qualifications in general injury prevention. The courses have been specially developed to support the strategy proposed in *Better Health Outcomes for Australians*, which identified a need for short courses at certificate level in the injury prevention field.

The courses are designed to offer formal training to people who are already employed in areas with responsibilities for injury prevention and who need to increase their knowledge, skills and understanding of injury control, as well as to people who would like to prepare themselves for employment in the area. They also provide graduates of Bachelor level health promotion courses with a field of postgraduate specialisation and the opportunity to proceed to a higher postgraduate qualification, such as the Master of Health Science.

Edith Cowan University offers new certificate courses in injury prevention and control

Two separate academic awards are offered by the University on a fee paying basis:

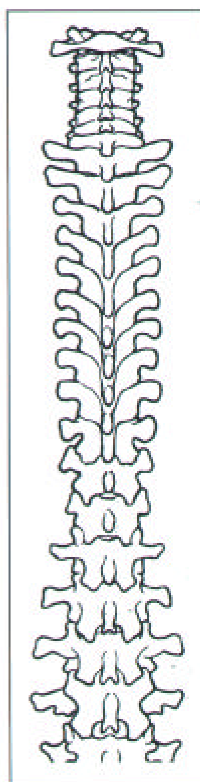
- Postgraduate Certificate in Injury Prevention
- Executive Certificate in Injury Prevention

The Executive Certificate course provides an opportunity for suitable applicants with relevant work experience but without formal university qualifications to extend their knowledge, skills and understanding of injury control.

The certificate courses comprise four units, including three core units and one elective from the health promotion stream. All four units concentrate on the development of practical skills and competencies that are of particular relevance to injury prevention and control activities. The courses are designed to be completed in one year by part-time study.

Further information is available from the Course Coordinator, Neil Thomson, Tel: (09) 400 5053; Fax: (09) 400 5449; email: n.thomson@cowan.edu.au

Spinal Cord Injury



Previous editions of the *Monitor* have reported on the Australian Spinal Cord Injury Surveillance System (ACISS) established by NISU with the co-operation of all six spinal units in Australia [see *Monitor* 4 and 6]. After a short pilot phase, registration of all incident cases commenced on 1 July 1995.

The first annual report on the System was made available to Spinal Unit staff recently. During the first reporting period – 1 July 1995 to 30 June 1996 – a total of 404 incident cases was registered. 188 of these were newly incident during the reporting period, the remaining 148 were prevalent cases whose incident spinal cord injury was registered during readmission.

Although the data contained in the first annual report are interim figures only and can not be taken to represent the national incidence level of SCI, the analyses yielded some interesting results. For example, for cases of SCI that resulted from traumatic causes

- 31% were motor vehicle occupants (excluding motorcyclists); 15% were unprotected road users (pedestrians, cyclists, motorcyclists and their passengers); 29% resulted from falls.
- Those in the 'unprotected road user' category tended to be young and, in over two-thirds of cases, were motorcyclists.
- Of the fall-related cases, those that occurred on a level surface or from heights of less than one metre, more often involved people aged 55 and over. For falls from higher levels, the majority occurred at ages less than 35 years (77%) and involved falls from roofs, balconies and stairs.
- For cases injured during a sporting activity, over half occurred during rugby or football matches. Other sporting activities reported were go-carting, hockey, soccer, and racing (car and motorcycle).
- Working activities resulting in SCI were of two major types: motor vehicle accidents on the way to work and injuries at a work site. Accidents in mining were responsible for many of the work-related SCIs (28%), followed by farming (17%).

Since preparation of the annual report, retrospective registration of cases for the 1995/96 period has continued with the aim of obtaining complete national incidence data.The augmented results will form the basis for a future edition of the *Bulletin*.

Further information about the spinal cord injury register is available from Peter O'Connor or Raymond Cripps at NISU, Tel: (08) 8374 0970; email: nisu@flinders.edu.au

Review of Safety Standards

Within Australia, each jurisdiction has the power to introduce consumer product safety measures designed to control the supply or sale of unsafe goods. Currently there are more than 100 different product safety standards applying under Commonwealth, State and Territory laws. At the national level there are 22 mandatory consumer product safety standards applying under the *Trade Practices Act 1974*.

Under the Australian Mutual Recognition Agreement, goods that can be sold legally in the jurisdiction in which they were produced or imported can be sold legally in another jurisdiction, without having to comply with the requirements applying to the product in the second jurisdiction. Consequently the Ministerial Council on Consumer Affairs recognised that consumer product standards would be effective only if they applied nationally.

All Commonwealth, State and Territory consumer affairs agencies are therefore reviewing product safety standards. The aim of the review is to ensure that the standards are relevant, up to date and address identified risks, without compromising on safety issues.

The review of standards applying under the Trade Practices Act has identified product groups for which national standards should apply and recommended deletion or amendment of mandatory requirements which are no longer relevant to today's marketplace.

The Ministerial Council on Consumer Affairs, at its recent meeting, agreed to retain, and in some cases update, the mandatory standards applying to children's toys, trolley jacks, vehicle jacks, vehicle ramps, vehicle stands, pedal bicycles and bean bags. It also agreed to retain and review the standard for children's nightclothes and paper patterns for children's nightclothes to ensure that it is not overly prescriptive and addresses safety issues effectively.

Standards for child restraints for motor vehicles, motor cyclist helmets and pedal cyclist helmets are also subject to controls under State and Territory transport legislation. Accordingly there may not be a need for national legislation. However these standards will be retained pending discussions with the relevant transport authorities.

The standard for elastic luggage straps will be retained in its present form until the results of further investigations into the reasons for eye injuries are known.

The standard applying to portable fire extinguishers will be reviewed in consultation with industry, consumer bodies and fire authorities, to ascertain whether it could be simplified to focus on essential performance requirements rather than construction and design rules.

Requirements for the standards applying to balloon blowing kits, exercise cycles, sunglasses and fashion spectacles and swimming aids and flotation toys will be reduced, to ensure that they focus on safety issues only.

The Council found that there are no identified problems in the market in relation to airpots, Tris (a fire retardant used in clothing) and self relighting candles, and agreed to repeal the current mandatory standards. It also agreed to repeal the standard applying to reflectors for pedal bicycles, as pedal cyclists are more effectively protected by State and Territory based traffic laws. These laws require both lights and reflectors to be carried on all bicycles used at night.

For more information, contact Lyn Hansen at the Federal Bureau of Consumer Affairs, Tel: (06) 250 6986; Fax: (06) 273 1992.

Not only a new lighter standard...

The introduction of new regulations to govern the importation and sale of disposable cigarette lighters in Australia will be met with a sigh of relief by many injury prevention workers. Disposable lighters have posed a particular hazard for young children: For example, of a total of 128 incidents of cigarette lighter related injury found in a NISU analysis of emergency department data, 42 involved children under 5 years of age. Two-thirds of this group were admitted to hospital. The vast majority of these incidents involved fire and, in well over half, the lighter was the source of a fire which spread to other materials, most commonly clothing, but also hair or bedding. In such cases, the injuries sustained were extensive, involving a large area of skin. It was apparent, from the cases examined, that quite young children are able to ignite cigarette lighters and cause injury. Infants were also shown to be at risk through the actions of older siblings (eg: by setting light to cot bedding).[6]

From 1 March 1997, all lighters imported into Australia must comply with the US Consumer Product Safety Standard for Cigarette Lighters.7 (No lighters are currently manufactured in this Country.) From 1 October, all lighters that don't comply must be removed from retailers' shelves.

The American Standard has provisions to cover flame testing, structural safety and labelling of lighters, as well as specifying requirements aimed at ensuring that such products are effectively child resistant. Specifically, to be approved as 'child resistant', a lighter must be have been tested in the manner set out in section 1210.4 of the American Standard and shown to be resistant to successful operation by at least 85 per cent of the specified child test panel. The mechanism of the lighter must:

(a) reset itself automatically after each operation of the ignition mechanism of the lighter;

(b) not impair safe operation of the lighter when used in a normal and convenient manner; and

(c) not be easily overridden or deactivated.

A commitment to promptly addressing the serious injuries that have been associated with such lighters led to the adoption of the US Standard in favour of possibly lengthy delays in formulating

a suitable Australian Standard. Some aspects of the US Standard have been identified as shortcomings. In particular, the fact that the criterion for 'child resistance' is based on the use of child panels which allow up to 15% of panel members to by-pass the resistance mechanism has been seen as inadequate. The US provisions will be used pending the formulation of a suitable Australian Standard.

For further information, contact Lyn Hansen at the Federal Bureau for Consumer Affairs, Tel: (06) 250 6986; Fax: (06) 273 1992.

But also a new cot standard?

The Minister for Small Business and Consumer Affairs, Geoff Prosser, has announced he'll seek agreement from State Consumer Affairs Ministers for the introduction of a mandatory standard for the safe design of household cots. If successful, this will be first time that a Minister has introduced two mandatory standards during his term of office.

In Mr Prosser's words, "too many babies have been seriously injured or died as a result of hazards associated with entrapment, snagging of clothing and falls". He believes a national cot design standard is vital to address major safety risks. However, he would not see the measure as being sufficient on its own in dealing with the issue and is therefore also seeking agreement from his Ministerial colleagues to develop general cot safety information for parents and carers. Such information would include what to look for in buying and maintaining a cot, safe sleeping positions and appropriate bedding and nightclothes. "It is vital that parents realise that their babies can get into dangerous situations while in cots. They can be suffocated under bedding, choke on toys or other objects, become trapped between the cot-side and the mattress or be strangled by cords or ribbons. These accidents happen because babies are not able to control their own sleeping environment, do not recognise danger and may not be able to move out of a dangerous situation."

The Minister praised the support he had received from industry in identifying ways to improve the safety of cots – "Australian manufacturers on the whole have been very supportive of measures to eliminate safety risks" he said.

Mr Prosser has also proposed a comprehensive Commonwealth/State investigation into the safety of nursery furniture. The investigation is a move away from the previous *ad hoc* approach towards a comprehensive program to improve the safety of nursery furniture such as high chairs and strollers. The program will be conducted over the next 18 months.

For further information contact Mr Trevor Rodgers, Federal Bureau of Consumer Affairs, Tel: (06) 250 6971.

Metamorphosis: from goals and targets to national health priority areas.

"What's all this?" we hear you ask. Past editions of the *Monitor* have reported on the development and likely impact of national health goals and targets for Australia. Well ... the national health goals and targets (NHG&Ts) have been transformed into national health priority areas (NHPAs).

The NHPA process had its origins in late 1995 when the Better Health Outcomes Overseeing Committee (BHOOC), a high level Commonwealth-State forum, undertook a review of the NHG&T process. In agreeing to the recommendations of this group, health ministers acknowledged a number of problems with the way that NHG&Ts have been implemented. These included the following:

- There was no national reporting requirement.
- There were too many indicators.
- There was a lack of emphasis on treatment and the ongoing management of disease.
- There were no nationally agreed strategies designed to realise change towards the targets.

At a July 1996 meeting, health ministers agreed to the following reporting principles:

- Each priority area will be reported every two years.
- A limited number of priority indicators (maximum 15-20) will be reported in each area.
- Each State/Territory will develop its own targets in due course.
- It is expected that if a matter is reflected in State priorities, the State would adopt indicators consistent with the national priorities and report accordingly.

At this meeting ministers also agreed that:

- Diabetes become the fifth National Health Priority Area (the original four being injury, mental health, cardiovascular disease and cancer).
- Further work be done on developing a mechanism to identify future National Health Priority Areas.
- Focused action needs to supplement the data development activities.

A consolidated report on progress in all of the disease priority areas was requested by Ministers. This report, which has been prepared jointly by the Australian Institute of Health & Welfare and the Commonwealth Department of Health & Human Services, will become available during April. It will provide a summary of the status of the nation's health in terms of the four initial priority areas, and will outline gaps and deficiencies in our understanding of the impact of the conditions on the community.

Further information is available from Richard Eccles in the Department of Health and Human Services, Tel: (06) 289 8293.

INTERNATIONAL COLLABORATIVE EFFORT ON INJURY STATISTICS

The International Collaborative Effort on Injury Statistics is developing data standards intended to improve comparability and usefulness of injury statistics.

The fifth meeting of the International Collaborative Effort on Injury Statistics was held in Washington DC in November 1996. The meeting focused on two interrelated issues: defining injury (particularly in terms of ICD-9-CM), and specification of a standard matrix of causes of injury, based on the ICD-9 External Cause codes.

DEFINITION

Definition of injury in terms of ICD may seem straightforward, but it presents a number of complications, and different approaches reduce the comparability of data. Common operational definitions of injury are "any case given an ICD-9 *External Causes* code" or "any case given an ICD-9 *Injury and Poisoning* code" (ie a code in Chapter 17). Depending on the purpose at hand, these definitions may not be ideal. For example, both the *External Cause* chapter and the *Injury and Poisoning* chapter include categories for medical misadventure, as well as codes for other types of injury (road injury, injury due to assault, and so on). Characteristics of injury due to medical misadventure have tended to make it the concern of a distinct group of researchers and practitioners, while other workers address injury in other setting. Conversely, many cases which might well be regarded as within the scope of interest of injury control attract ICD-9 diagnosis codes that are not in the *Injury and Poisoning* chapter (eg: certain conditions resulting from exposure to toxic substances; degenerative musculo-skeletal conditions; cases where clinical attendance was due to an External Cause, such as a car crash, but no injury was found). Furthermore, many clinical sources of data contain more than one field for diagnosis codes: should definition of "injury" cases take account of information in all of these fields, or only the "primary diagnosis" field?

The consensus of the meeting was that for routine data reporting purposes related to general injury control, and with comparability of data as a high priority, the 'least worst' approach at present is to retain the common operational definitions (ICD-9 Chapter 17 or External Cause code), omitting that the code ranges for medical misadventure and related matters (ie: External Cause codes E870-879 and E930-949 and Chapter 17 codes 996 to 999, and part of 995). Case selection should normally be based on the primary diagnosis field. Further work is required to determine which, if any, diagnosis codes outside the "Injury and Poisoning" chapter should be regarded as "injury" cases for purposes of routine reporting for general injury control.

Note that this definition has no implications for the collection of data, for coding according to ICD-9 and ICD-9-CM, nor for official national practice on these matters. The approach simply defines one way to report these data, once collected and coded. Also note that other approaches are required when reporting injury data for other purposes. For example, a report on injury resulting from medical misadventure, etc would emphasise the code ranges put aside by the present ICE proposal.

MATRIX

The matrix of causes considered at the meeting had been developed over the previous couple of years by Elizabeth McLoughlin, Lee Annest, Lois Fingerhut and others in the USA. In common with other users, they recognised that the ICD External Cause codes have important limitations for injury surveillance and control. This matrix is intended to help overcome two of these:

(1) the External cause codes combine various conceptual dimensions in a manner that tends to obscure some information; and

(2) for some purposes it is convenient to report summary injury data in a relatively compact table, in which categories have been selected with public health information requirements in mind.

The two axes of the matrix are "Mechanism/Cause" and "Manner/Intent"

Aggregation of External Cause codes for similar purposes has been done previously. For example, NISU commonly reports injury mortality and morbidity data according to aggregations called "Major cause" and "Intent" (eg see NISU web site), and similar (but not identical) re-codes have been used elsewhere. The new matrix, if adopted widely, offers the additional benefit of wide spread comparability.

The draft matrix was altered on the basis of discussion at the ICE meeting and the subsequent APHA meeting. The next step in its development is field-testing by obtaining data from several countries (including Australia) and assessing its practicability and value.

For further information, contact James Harrison at NISU, Tel: (08) 8374 0970; email: james.harrison@nisu.flinders.edu.au

Note: The US National Center for Health Statistics has now published two volumes of proceedings of "ICE on Injury" meetings:

- *Proceedings of the international collaborative effort on injury statistics, Volume II (Melbourne meeting, February 1996)* Hyattsville, Maryland: National Center for Health Statistics, 1996.
- *International Symposium on Injury Statistics. Proceedings of the international collaborative effort on injury statistics: papers and workshop findings presented at the International Symposium on Injury Statistics,* May, 1994, Bethesda, Maryland. Hyattsville, Maryland: National Center for Health Statistics, 1995.

UPDATED DATA STANDARDS

The National Injury Surveillance Unit is currently updating the National Data Standards for Injury Surveillance. As a part of this process, we are seeking responses to the current version (NDSIS version 2.0) of the Data

Standards. The new version is intended to eliminate existing errors, to include current omissions, and to make minor changes to the text and explanations where this is needed.

We are also encouraging comments on the need for more substantial changes to the Data Standards. If a strong case emerges, a major revision of the Standards could be undertaken later in the year.

Specifically, we are seeking responses to the following issues:

- Advice on errors and ambiguities in the current version.
- Whether there is a need for revising the existing coding, classifications and item definitions.
- Whether changes should be made to the dataset – if so, which groups of items should be dropped, included or altered.
- How well the NDSIS meet the needs of users.
- How could the NDSIS be revised to assist its inclusion in National and State datasets, particularly in Emergency Departments and ambulatory care settings.

Further information is available from David Arblaster at NISU, Tel: (08) 8374 0970: Fax: (08) 8374 0702; email: david.arblaster@nisu.flinders.edu.au

NATIONAL SPORTS INJURY DATA

The Australian Sports Injury Prevention Taskforce, a joint initiative of the Australian Sports Commission and the Department of Health and Family Services, was established to take a national perspective on preventing injuries in sport (as reported in *Monitor* 8).

From the outset, the need for better data was apparent to the Taskforce, and one of its declared strategies is to "Develop and implement a national sports data collection system."

The Taskforce convened a Sports Injury Data Collection Workshop in Canberra in November 1996. The workshop had two parts. During the morning, papers were presented by several speakers, describing sports injury data systems and discussing related issues. Speakers included David Janda (US experience), Caroline Finch (injury surveillance at large sporting meets and within sports medicine clinics), Steve Rudzki (monitoring training-related injuries in the Australian armed forces), Karen Grimmer and Jenny Williams (collecting data within amateur sporting clubs), Helen Ansems (school survey), and John Orchard (injury monitoring and management in professional Australian football), and James Harrison (injury surveillance methods and data standards). Dave Chalmers, from the Injury Prevention Reserach Unit at the University of Otago, acted as scientific commentator.

The second part of the workshop was a smaller meeting charged with advising the Taskforce on directions to take to improve sports injury data. It was clear that circumstances and information requirements differ between (for example) professional sport, recreational sport and clinical services treating sports injuries. It was recognised that existing data systems, classifications etc should be used where possible, rather than developing new ones. The workshop recommended that initial steps should be to:

- develop a data dictionary for Australian sports injury data collection, making best use of existing classifications, etc; and
- specify major types of purpose for sports injury data, and corresponding data needs.

The Australian Sports Injury Data (ASID) working party, chaired by Dr Caroline Finch of the Monash University Accident Research Centre, has been convened by the Taskforce to do this work. The working party met by teleconference on 12 December, and again in person on 19 February to assess coding and classification materials for inclusion in the proposed data dictionary.

The working party is compiling the draft data directory. Members will welcome contact from people with interest or experience in sports injury surveillance.

For further information, contact Dr Caroline Finch, Tel: (03) 9905 1812 or Ms Donna Harvey, Tel: (06) 251 6944

Young Males' Experience of Unintentional Injury

Each year in Australia over 1,600 young males (15-29 years) die and more than 60,000 are hospitalised as a result of injury. Injury can occur as a result of intentional acts (suicide, self-harm and violence) or unintentionally. For young males, 61% of injury deaths and 85% of injury hospitalisations are unintentional. Of any age group, young men aged 15-29 years, incur an overwhelming burden of injury both in terms of mortality and morbidity. The only exception to this is among males over 75 and females over 80 years of age, where age contributes significantly to the risk of injury and reduced capacity to recover from major trauma.

More than any other cause of death, injuries rob young men of the greatest number of potential years of life. Additional costs of injury are enormous. They include health care costs and losses in terms of contribution to the workforce, family and community. For the thousands of males who incur permanently disabling injuries each year, there are significant costs in terms of quality of life.

The National Health and Medical Research Council recently approved a report produced by its Working Party on Unintentional Injury in Young Males, 15-29 years. This monograph delineates the impact of injury on the young male population and explores the evidence concerning countermeasures to this problem. It highlights the fact that while some of the higher incidence of injury in young males is attributable to greater exposure to risk, being young and male nevertheless, seems to independently increase the risk of injury.

The terms of reference of this monograph confine it to unintentional (or "accidental") injury, as opposed to "intentional" injury which results from self-harm or interpersonal violence.

continued next page

In practice, this distinction is neither straight-forward nor helpful. The data on injury do not reliably separate accidental injury cases from those where the event was a result of violence or an act of self-harm. Typical injury situations where this becomes apparent are single fatality motor vehicle accidents, drug overdoses, poisonings and drownings.[8] In many of these instances there are insufficient clues as to whether the event, or the outcome, was intended. Some countermeasures may be effective in addressing both intentional and unintentional injuries. These include laws which limit access to agents of harm, environmental measures which remove hazards or render them less dangerous and community programs which address issues such as self esteem, risk taking, and aggression. The report focuses on those strategies which have proven effective in reducing the incidence of unintentional injuries.

To obtain a copy of the report, contact Ileen Boogs at the Department of Health & Family Services, Tel: (06) 289 8366.

New Safety Switch in Pools and Spas

A collaborative project between the Injury Surveillance and Control Unit at the SA Health Commission and the University of South Australia has resulted in the development of a safety switch for pools and spas. This development addresses a history of pool and spa related injury. For example, the US Consumer Product Safety Commission issued a press release last year warning of hazards associated with such facilities, in particular drownings resulting from the entrapment of body parts and the entanglement of hair. The CPSC had this to say:

Under normal conditions, pipes leading from a pool's drain, or into the pool's pumps, draw water from the pool creating suction. If something blocks the pool drain leading into this pipe, the amount of suction will increase as the pump draws water past the obstruction. This increased suction can entrap parts of a person's body, causing the person to be held underwater. In wading pools, if a child sits on the draw-in outlet, the suction can cause disembowelment. People's hair was sucked into the suction fitting of a spa, hot tub, or whirlpool, causing the victim's head to be held underwater.[9]

The newly developed switch detects any blockage and shuts off power to the pump before any great pressure is exerted. Patent searches suggest that no comparable product is available and market research indicates that a substantial proportion of pool owners surveyed would buy such a product. (There are currently estimated to be 347,000 swimming pools in Australia).

Further information about the safety switch is available from Ron Somers at the Injury Surveillance and Control Unit in the South Australian Health Commission, Tel: (08) 8226 6361; Fax:(08) 8226 6316; email: rls@hc2.health.sa.gov.au

Commonwealth News

INTRODUCING PETER LIEHNE

Mr Peter Liehne commenced duties as the Manager of the Healthy Public Policy Unit in the Public Health Division of the Department of Health and Family Services in the New Year. The Unit is responsible for policy and program management for Injury Prevention, Nutrition and Environmental Health.

Mr Liehne came to the Department in 1986 as a Senior Scientist in communicable diseases and has since managed Commonwealth and State policy and programs on HIV/AIDS, as well as the work-programs of the Office of the National Health and Medical Research Council and the National Health Advisory Council prior to joining the Department, Mr Liehne had already established his reputation as a research scientist in vector-borne diseases, with numerous publications to his credit, and extensive experience in the '70s and '80s as a consultant in ecology and environmental management.

In over ten years as a senior bureaucrat, Peter Liehne has made a valuable contribution to research and policy development and brings with him a wealth of experience gained from over twenty years of working in various aspects in the field of public health.

Around the Traps ... State & Territory News

We like to keep you informed. The following notes, although brief, are intended to fill you in on some of what your injury colleagues are up to in State and Territory health departments. Space permitting, we'll try to include updates in future editions of the *Monitor*.

NEW SOUTH WALES:

- Very mindful of the multicultural composition of its constituency, NSW Health has been busily developing multilingual campaigns and materials: For example, it has targeted Arabic, Chinese and Vietnamese residents in a recent campaign to raise awareness of scalds prevention and treatment; used multilingual messages to target Chinese and Arabic speakers in a campaign run in conjunction with the NSW Fire Brigades to promote the installation of fire alarms; and is translating a home safety checklist aimed at preventing falls among older people – currently available in Greek – into Arabic, Chinese and Italian.
- Is funding a project to provide information and training to public health workers on gun violence and control.
- The Playground Safety Network has produced an Inspection and Maintenance video and guidelines for playground safety and is lobbying for the establishment of a Playground Advisory Unit to provide fee-for-service responses to engineering and design requests.

Contact: Pam Albany, NSW Health, Tel: (02) 9391 9679; email: palba@doh.health.nsw.gov.au

Around the Traps cont...

SOUTH AUSTRALIA:

- The efforts of the SA Health Commission's Injury Unit, through the representation of Peter Thompson on the relevant Standards Committee, have culminated in the acceptance of Playground Standard AS4422 to cover soft surfacing.
- Developed a new safety switch for pools and spas (see p 10 for full story).

Contact: Ron Somers, Tel: (08) 8226 6361; email: rls@hc2.health.sa.gov.au

TASMANIA

- Has just published a report on child injury (0-14 year olds) in Tasmania looking at mortality and morbidity.
- Is undertaking an evaluation of its 95/96 campaign on hot water scalds.

Contact: Michelle Flint, Tasmania, Tel: (03) 6233 4806

ACT:

- Efforts are continuing towards the establishment of an Injury Task Force which will determine priorities and develop a workplan to meet obligations under the ACT's goals and targets. Several issues, including elderly falls and workplace injuries, will be dealt with by working groups that report to the Task Force. The police force has indicated its keenness to continue its work in relation to traffic accidents.

Contact: Carol Gilbert, ACT Health, Tel: (06) 2051 966; carol-gilbert@dpa.gov.au

QUEENSLAND:

Injury has been designated a public health priority for Queensland Health and covers these main issues:

- Drowning: an evaluation will be conducted of the 'Kids Alive' program held during the period October 1996 to January 1997. A new campaign is in the process of being developed by a statewide working group.
- Scalds: phase two of the scalds campaign which focused on the links with industry and the impending legislation (AS3500) will continue through 1997. The 'Hot Water Burns Like Fire' campaign will continue with a focus on tap water scalds.
- Statewide injury surveillance: The Statewide Health Promotion Group, in consultation with QISPP and the Epidemiology and Health Information Centre, will address perceived anomalies in statewide injury surveillance.

Contact: Jeff Allen, Queensland Health, Tel: (07) 3234 1613

NORTHERN TERRITORY

- A newly published report of 1995 hospital separations in the NT includes an overview of external causes related hospitalisation among Aboriginal and non-Aboriginal people.

Richard Nelson, Territory Health Services, Tel: (08) 8999 2938

WESTERN AUSTRALIA:

Current major activities include:

- Road Safety: the Health Department is stepping up its role in this area and is working towards a greater acceptance of public health as an important stakeholder in preventing road trauma.
- Information and training: Commencing statewide training workshops using a newly developed injury prevention resource (see p 15 for full story)
- Statewide injury prevention Plan: Continuing work first commenced in 1996, using a goals and targets approach to the intersectoral control of injury.
- Falls prevention: A completed interim report of a project run jointly with Injury Control Council of WA. Attempts to establish a Falls Prevention Special Interest Group to further advocate for initiatives in this area.

Contact: Nicole Bennett, Tel: (09) 388 4821

VICTORIA:

- A community-based grants program administered through each of the nine State regions will make $25,000 available through each for local organisations to make submissions to implement injury prevention projects.
- A Children's Injury Prevention Action plan to be published soon.
- Joint Project between Victorian Farmers' Federation, Victorian Workcover Authority, Department of Natural Resources and Environment, and the Department of Human Services to employ a project officer to implement rural injury prevention strategies around the State.
- Joint Project: Sport and Recreation Victoria, Department of Human Services, and the Victorian Health Promotion Foundation (VicHealth) are each contributing funds to co-ordinate the implementation of injury prevention strategies in sport and recreation.

Contact: Catherine Thompson, Vic Health, Tel: (03) 9616 7238; email: cthompson@hna.ffh.vic.gov.au

EDITOR'S NOTE

The *Injury Issues Monitor* is the journal of the National Injury Surveillance Unit (NISU), Mark Oliphant Building, Laffer Drive, Bedford Park SA 5042
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Letters to the Editor are welcome.

Editor: Renate Kreisfeld.

AUSTRALIAN INSTITUTE OF HEALTH & WELFARE

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ACKNOWLEDGEMENT

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FIREARMS

KEY INDICATORS OF FIREARM RELATED DEATH 1995

Indicator	Males	Females	Persons
Cases	426	44	470
Per cent of all injury deaths	8.3	1.9	6.3
Crude rate/100,000 pop	4.7	.5	2.6
Age adjusted rate/100,000 pop	4.8	.5	2.6
Change in age adj. rate since 1994	-9.4	-16.7	-10.3

FIREARM SYMPOSIUM

A symposium on public health approaches to firearm violence was held in Canberra on 11-12 of February. The two-day Symposium, sponsored by the Commonwealth Department of Health and Family Services, considered a number of basic issues such as the impact of new firearm legislation on patterns of ownership and the current patterns of firearm use and firearm storage.

Four speakers used the first day to provide the background that informed discussion on the subsequent day:

Professor Charles Watson of the University of Wollongong proposed a public health perspective of firearm violence; our own Jerry Moller described the extent and nature of firearm violence in Australia; Rebecca Peters of the Coalition for Gun Control outlined the new firearm laws and the rationale behind them; and Dr Chris Cantor reported on the issue of access to the means of suicide.

The meeting concluded that there is a need for continuing action on firearm related death and that public health could make a significant contribution to this area.

Further information about the Symposium is available from Mary Sexton, Tel: (06) 289 8074; Fax: (06) 289 7104

INTRODUCING DAVID AND MERRIAN...

David Arblaster

NISU's complement of staff grew by two during 1996: David Arblaster and Merrian McCormick have added their considerable skills and talents to the Unit's resources. David, who has research experience in occupational health & safety, injury surveillance, industrial relations and disability, has been managing a feasibility project aimed at establishing a national emergency department injury surveillance system. Merrian (too shy to provide a photograph), has taken on many of the administrative functions for the Unit. Merrian has research experience in Aboriginal issues and is currently undertaking studies towards a Master of Public Policy and Administration at Flinders University.

Evaluation of La Trobe Safe Communities

The recent evaluation of an Australian community-based injury prevention program is likely to confirm the viability of this approach. According to Henk Harberts, the Program Co-ordinator:

Preliminary findings from the La Trobe Safe Communities Program (then known as La Trobe Valley Better Health Injury Prevention Project) by Monash University Accident Research Centre (MUARC) at Clayton, Victoria, suggest that the program has successfully reduced injury rates utilising a community-based approach to injury prevention. The original program targeted unintentional home, sports and playground injuries, and also included a component which aimed to minimise alcohol misuse among youth.

Initial findings indicate significant rate reductions in emergency department presentations in unintentional home injuries, in playground injuries, and in interpersonal violence associated injury, among the 10-24 year age group (VISS La Trobe Regional Hospital 1991-1996) These reductions need to be compared with any changes in injuries which occurred in a comparison community, to confirm the extent to which the reduction is related to the program.

La Trobe Shire, Victoria, Australia

La Trobe Safe Communities (La Trobe Valley Better Health - Injury Prevention Program) commenced activity in early 1992. Funding has been provided under the National Better Health Program, National Goals and Targets and subsequent National and State programs by the Victorian Health Promotion Foundation (VicHealth).

The next funding period, 1997-2000 is currently being negotiated between VicHealth, La Trobe Shire and local organisations in the La Trobe/Gippsland Region of Victoria. In order to institutionalise activity, the programs have expanded activity into Local government to better address all areas of injury occurrence and is closely associated with other local community agencies which specifically address transport, violence, farm and workplace safety in this regional community.

The Community of La Trobe Shire became an accredited member of the WHO Safe Communities Network in February, 1996.

Publication of the report, prepared by Dr. Lesley Day of MUARC, is expected soon. Further inquiries can be directed to Henk Harberts, Tel: (03) 513 69218; Fax: (03) 513 69296; email: henk@australis.com.au

Youth Suicide Seminar

NISU's Director was one of four speakers invited to address a seminar on 'Aspects of youth suicide' on 28 February. The special meeting of the House of Representatives Standing Committee on Family and Community Affairs was opened by the Prime Minister who expressed a strong desire to act on the problem. The Chairman of the Committee, Mr Peter Slipper, said that the Committee looked to the seminar as a way to help them to decide whether to recommend that current government policy and programs should be changed, and in what way.

In addition to members of the Committee, the seminar was attended by about a dozen other federal MPs, some staff, and about 30 invited representatives of community groups and professional bodies.

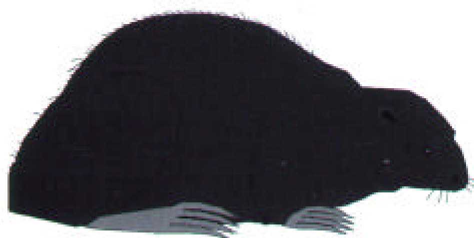
The four invited addresses were as follows:

- **Dr James Harrison** (Director, NISU) described features of the occurrence of suicide in Australia, particularly the 30-year rise in rates for young adult males to about 1990 (though not since then). He also presented other aspects of the problem, including the elevated rates for young men who reside in rural and remote areas, the high rates for young Aboriginal adults, and the rise in youth suicide seen in a number of comparable nations.
- **Associate Professor Pierre Baume** (Director, Australian Institute of Suicide Research and Prevention) placed suicide in the context of a range of social factors, emphasising its character as a behaviour rather than a disease.
- **Professor Bob Kosky** (Department of Psychiatry, Adelaide Women's and Children's Hospital) emphasised the role of depression, citing evidence that this condition is found in a very high proportion of suicidal young people.
- **Dr Meg Smith** (Chair, Youth Suicide Prevention Advisory Group), drawing in part on personal experience, described aspects of the experience of young people who are depressed or suicidal, with particular reference to support services.

The recent investment of resources by both the present and previous governments was acknowledged and welcomed by several participants. Strong themes in discussion, however, were that youth suicide control in Australia lacks sufficient focus and coordination at national level, and that more research is needed (especially the evaluation of proposed preventive measures).

Comparisons were drawn with road safety and HIV/AIDS, public health issues in which sophisticated and energetic responses have made a difference for the better.

The Committee intends to make recommendations in the near future.

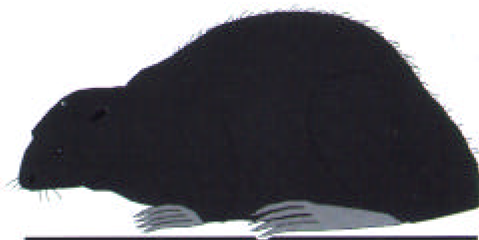


DOWN THE GOPHER HOLE

It's been some time now since we reached into the gopher hole and plucked out some interesting tidbits for you. The Consumer Product Safety Commission continues to train its watchful eye on potential product hazards in the US, and the following alerts are likely to interest some of our Australian readers:

GAS GRILLS

In the US each year, about 40 people are injured in LP fires and explosions associated with gas grills (BBQs). Many of these fires and explosions occur when consumers first use a grill that has been left idle for a period of time or just after refilling and reattaching the grill's gas container. CPSC recommends a series



DOWN THE GOPHER HOLE

of routine safety checks to address this problem.

TUBULAR HALOGEN BULBS

Pole lamps containing tubular halogen bulbs operate at temperatures much hotter than the usual incandescent variety and they could start a fire if they come in contact with curtains, clothes or other flammable material. A number of fires prompted CPSC to publish tips for the safer use of pole lamps with tubular halogen bulbs.

LAWN AND GARDEN SAFETY TIPS

CPSC data show that each year about 400,000 people are treated in hospital emergency rooms for injuries from lawn and garden tools. They recommend a series of precautions that can be taken to avoid such incidents.

NEW PUBLICATION ON PRODUCT-RELATED INJURIES

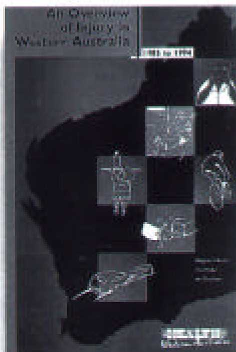
Last year saw the release of a new quarterly publication by CPSC: entitled *Consumer Product Safety Review*, the periodical is aimed at public health professionals, consumer groups, health and consumer reporters, and members of the business community, and it reports on the latest activities in the development of safety standards for consumer products and special studies of important consumer product hazards.

The first issue included an in-depth look at CPSC's recent recommendations for baseball protective gear for children, as well as reports on pool and spa hazards, fireworks, and playground safety. The second edition included an article on lead paint on public playground equipment.

The above mentioned items are available on the CPSC's web site (http://www.cpsc.gov) under "Consumer". Copies of the press releases are also available from NISU.

Something to read ...?

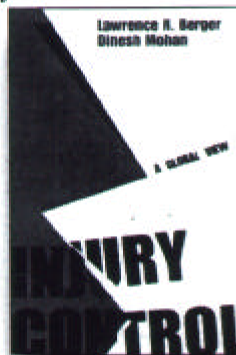
An Overview of Injury in Western Australia: 1985 to 1994



This report aims to assess the trends in hosptital admissions and deaths directly related to injuries in WA over the ten-year period 1985-1994 and highlights areas of injury prevention which need to be adddressed.

Further information is available from Nicole Bennett, Injury Control Program. Tel: (09) 388 4821

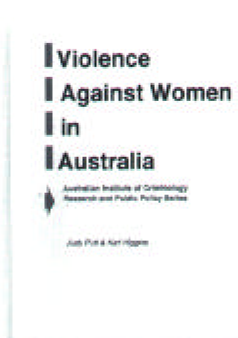
Injury Control: a Global View



Written by Lawrence Berger and Dinesh Mohan, this book provides a worldwide overview of injury problems, from motor vehicle crashes to suicides. It reviews approaches to analysing injury data and offers concise summaries of topics vital to injury prevention such as biomechanics, development and social aspects, epidemiological research, and strategies for injury control. The book is based on a multidisciplinary approach to injury prevention and gives practical examples of success and failure stories from around the world.

Further information is available from Oxford University Press, GPO Box 2784Y, Melbourne 3001, Australia. (ISBN 0 19 563680 5)

Violence against Women in Australia

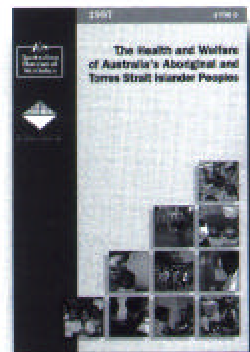


Published in January 1997, this report is a product of the Violence Against Women Indicators Project (VAWIP) based at the Australian Institute of Criminology. The main aim of that project was to coordinate data on the criminal justice response to violence against women in order to enhance decision making and policy formulation at a national level.

The report presents the findings of VAWIP in relation to key research and data issues. It identifies gaps in research and data and outlines the next steps required to further the twin goals of obtaining a national perspective on violence against women and improving the legal response to it.

Copies are available at a cost of $20.00 (plus postage and handling). Contact Bibliotech, ANUTECH Pty Ltd, Tel: (06) 249 2479; Fax: (06) 257 5088; e-mail: jenny.morris@aplemail.anu.edu.au

The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples



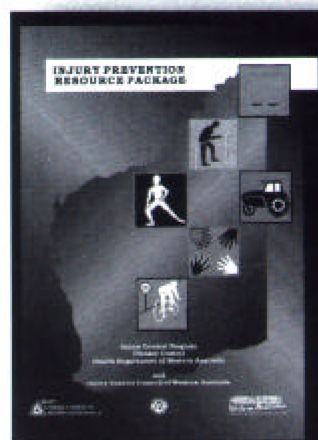
Jointly produced by the AIHW and the ABS, this report provides a comprehensive statistical overview, largely at the national level, of Aboriginal and Torres Strait Islander health and welfare. The report is primarily concerned with health and covers risk factors for poor health, health service issues, morbidity and mortality. It is to be a biennial publication that will enable the monitoring of changes over time.

Copies of the report are available at a cost of $31.00 including postage. Further information can be obtained by phoning ABS State Offices: ACT (06) 252 6627; NSW (02) 9268 4611; NT (08) 8943 2111; QLD (07) 222 6351; SA (08) 8237 7100; TAS (03) 6220 5800; VIC (03) 9615 7755; WA (09) 369 5140. (Catalogue 4704.0, 1997)

Injury Prevention Resource Package

This resource package, produced by the Injury Control Program, Health Department of WA, and the Injury Control Council of WA, is a practical resource on injury prevention for both professional and lay people. The package includes a guide to conducting local injury prevention activities together with strategies and resources available to assist with the prevention of specific injuries. These injury problems include: children's injuries; falls in older people; recreation injuries; farm injuries; intentional injuries; and road injuries.

Comprehensive resource directories are also included for each injury problem. These summarise information on organisations, services and resources that are available, with an emphasis on WA resources. Organisations, services and resources available nationally and from other states are also provided. **Copies of the resource package are available to those outside of WA at a cost of $50.00 (which includes postage) through the Injury Control Program, Health Department of WA. Contact Cindy Devine, Tel: (09) 388 4824.**



Footnotes

1 US Department of Labour OSHA Fact Sheet 93-03 *Eye Protection in the workplace* 1993 :1

2 Gagnet G New rule mandates hazard assessment to specify protective equipment needs Occupational Health and Safety Aug V 64 No 8 52 1994

3 Fong LP, Taouk Y The role of eye protection in work related injuries *Aust NZ Journal of Ophthalmology* May 1995 101-106

4 Dannenburg A et al Penetrating eye injuries in the workplace *Arch. Ophthalmol* Vol 110 June 1992 843-848.

5 South Australian Health Commission *Injury Surveillance Monthly Bulletin* No 31 March 1991:1

6 "Injury associated with cigarette lighters", National Injury Surveillance Unit, November 1994.

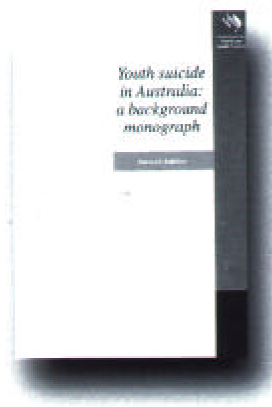
7 Consumer Product Safety Standard for Cigarette Lighters (16 CFR 1210, set out in part 1210, Title 16 of the Code of Federal Regulations; and published in the Federation Register of the United States of America, Vol 58, No 131, on 12 July 1993.

8 Kleck G Miscounting Suicides *Suicide and Life-Threatening Behaviour* Vol 18(3). Fall 1988

9 US Consumer Product Safety Commission, Press Release # 96-139, 3 June 1996.

Something to read ...? cont.

Youth suicide in Australia: a background monograph



This monograph has been compiled from existing published sources in English language journals and books over the last twelve years and from recent Australian data sourced from the ABS. Its contents include a description of the incidence and prevalence of suicide amongst young Australians, the causes and risk factors in youth suicide, and approaches to prevention.

Copies are available from Lesley Roxby, Mental Health Branch, Commonwealth Department of Health and Family Services, Tel: (06) 289 8596.

Diary

Australian Red Cross Seminar on Drugs, Alcohol and the Workplace
23 May 1997
Melbourne

This one day seminar will examine drug and alcohol issues in relation to Occupational Health and Safety. Emphasis on taking a practical approach using current workplace practices is a major focus.

Contact: Janine Konoroth Tel: (03) 9685 9896 or Fax: (03) 9682 0047.

Aging Beyond 2000: One World One Future
(16th Congress of the International Association of Gerontology)
19-23 August 1997
Adelaide

The 1997 World Congress of Gerontology is planned as a multi-site event. The main congress will be held in Adelaide, Australia. Pre-congress satellite meetings in Honolulu and Singapore will be linked with the main congress in Adelaide which will provide an integrated view of aging. It will focus on challenges, prospects and expectations for the future of gerontology.

Contact: 1997 World Congress of gerontology Secretariat, Fax: +61 8 8201 7551, email: iag.congress@flinders.edu.au or visit the Congress website: http://cmetwww.cc.flinders.edu.au/congress/intro.html

9th International World Symposium on Victimology
25-29 August 1997
Amsterdam, Holland

Further information is available on the website for the Symposium: http://www.victimology.nl

Contact: the Ron van Kaam at the Ministry of Justice in The Hague, Fax: +31 70 370 7905; email: R.G.H.van.kaam@best-dep.minjust.nl

Diary

9th Casemix Conference in Australia

7-10 September 1997
Brisbane, Queensland

The conference will have three interlinking themes: Quality, Continuity, and Cost-effectiveness and will be of interest to anyone working in health care including health professionals, health administrators, clinicians and consumers in both the public and private sectors.

Contact: Casemix Conference Secretariat, C/- Conference Logistics, PO Box 505, Curtin ACT 2605, Tel: (06) 281 6624; Fax: (06) 285 1336.

15th World Congress of the International Association for Accident and Traffic Medicine

27-30 September 1997
Ankara, Turkey

Abstracts for the conference are due 20 May 1997. Contact: XV.IAATM World Congress 1997, Kizilirmak Cad. 53/5 06640, Ankara, Turkey, Fax: 312 287 2390.

Australasian Evaluation Society, 1997 International Conference

1-3 October 1997
Adelaide, Sth Australia

Further information is available on the Society's website:
http://www.parklane.com.au/aes
Contact: AES 1997 International Conference Secretariat, Fax: (08) 8379 8177, email: plevin@camtech.net.au

29th Annual Conference of the Public Health Association

5-8 October 1997
Melbourne, Victoria

Contact: PHA Conference Secretariat, Tel: 06 285 2373; Fax: 06 282 5438; email: pha@peg.pegasus.oz.au

National Occupational Injury Research Symposium

15-17 October 1997
Morgantown, West Virginia, USA

Further information is available on the symposium homepage:
http://www.hgo.net~noirs/noirs.html
Contact: Martha Brocato,
Fax: +1 404 634 6040.

2nd International Conference on Accident Investigation, Reconstruction, Interpretation and the Law

20-23 October 1997 (Note: date change)
Brisbane, Queensland

The conference will have three streams: legal issues, including road safety audits and product liability; accident investigation and reconstruction; vehicle crashworthiness and road safety.

Contact: AIRIL 97 Secretariat, School of Civil Engineering, Queensland University of Technology, Tel: +61 7 3864 2544; Fax: +61 7 3864 1515; email: g.brown@qut.edu.au

6th International Conference on Safe Communities

15-19 October 1997
Johannesburg, South Africa

Contact: Carol Wicht, Safecom 6 Conference Secretariat, Conferences and Promotions,
PO Box 411177, Craighall
Johannesburg 2024, South Africa,
Fax: 27 11 442 5927; email:
candp@global.co.za

Course in Epidemiological study design and multivariable data analysis

3-7 November 1997
Hobart

Contact: Wendy Spencer, Executive Officer, Menzies Centre, GPO Box 252-23, Hobart, Tasmania 7001, Fax: +61 36226 7704, email
W.spencer@menzies.utas.edu.au

41st Annual Conference of the Association for the Advancement of Automotive Medicine

10-12 November 1997
Orlando, Florida, USA

The annual conference will also incorporate a special joint session on child occupant protection.

Safety in Action: International Safety Exposition

25 February - 1 March 1998
Melbourne

The Expo will assess the state of the art in safety science and engineering; debate some of the latest trends in hygiene, ergonomics and health science which apply to safety; and demonstrate practical solutions to safety problems at work, on the road, in the home, and during sports and leisure-time activities.

Contact: Safety in Action, Suite 17, 51-55 City Road, Southbank, Victoria 3006, Australia.

9th Conference of the Road Engineering Association of Asia and Australasia (REAAA)

3-8 May 1998
Wellington, New Zealand

Abstracts for this conference are due by 30 April 1997.

Contact: Fiona Knight, Land Transport Policy Manager, Transit New Zealand, Fax: +64 4 496 6666 or visit the conference website:
www.wcc.govt.nz/wfcc/default.htm

4th World Conference on Injury Prevention and Control

17-20 May 1998
Amsterdam, The Netherlands

Under the title 'Building partnerships for safety promotion and accident prevention' the conference will highlight the specific developments and progress made in the various regions worldwide in accident and injury control programs.

Contact: Conference Secretariat 'Injury Prevention and Control', PO Box 1558, 6501 BN Nijmegen, the Netherlands. Fax: +31 24 360 11 59.

Futuresafe '98

14-17 June 1998
Darling Harbour, Sydney

The theme for the 1998 occupational health and safety congress is "People, performance and profit", focussing on the benefits of health and safety to individuals as well as the organisation.
Contact: Dianne Speakman, National Safety Council of Australia Ltd, Tel: +61 2 9313 4799; Fax: +61 (02) 9313 5494.

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