

INJURY ISSUES MONITOR

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Australia's Injury Burden

The Australian Institute of Health and Welfare recently published a substantial new report entitled *The Burden of Disease and Injury in Australia*.

Those of you who read James Harrison's article 'Measuring the Burden of Injury' in our last edition of the *Monitor* will have an appreciation of the complexities associated with this area of work. The AIHW report is, therefore, the culmination of an ambitious study.

The authors of the report, Colin Mathers, Theo Vos and Chris Stevenson, have provided us with the first comprehensive assessment of the health status of the Australian population by measuring the mortality, disability, impairment, illness, and injury arising from 176 diseases, injuries and risk factors.

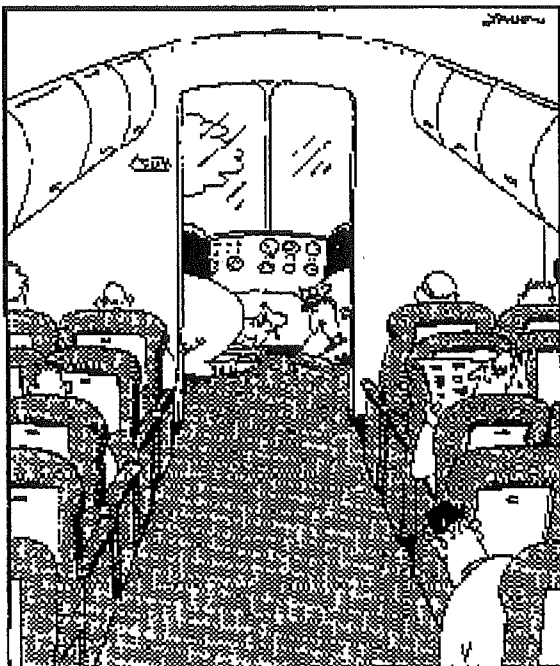
Why do we need this information?

In Australia and elsewhere there is increasing pressure on health budgets through a range of factors including

ageing populations, higher life expectancies, and a growing demand for health services made possible by developments in knowledge and medical technology. As a consequence, tough choices will need to be made and these will, of course, need to be informed by good evidence and sound estimates of the size of health problems

The challenges confronting policy makers include a need to evaluate the cost-effectiveness of existing and potential health interventions, and the monitoring and evaluating progress towards societal health goals. These tasks rely on good estimates. Traditionally, good information has been available in Australia on causes of mortality, but these data provide, at best, only indirect information on the health of the living and the causes of poor health. Most 'health' data in Australia relate to the health care system, and then mainly its

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"Well, there is some irony in all this, you know I mean, we both lose a lens at the same time?"

The Far Side by Gary Larson © FarWorks, Inc. used with permission. All Rights Reserved.

Child Safety on Farms

In March 1997, in response to increased community concern over the unacceptably high rate of accidental injury occurring to children on farms, Farmsafe Australia* published a paper entitled *Child Safety on Farms: Preliminary issues*. That paper sought to identify key issues and stakeholders in the development of an agreed approach to reducing the risk of injury, disability and death for children on Australian farms.

Recently, a further Farmsafe publication on this issue has taken the endeavour a step further by proposing a framework for the development of an Australian National Strategy for Child Safety on Farms.¹

Specifically, it is proposed that a strategy, with an envisaged time frame of five years, needs eight components:

- 1 *Involving the stakeholders*—The aim here is to develop a national framework for action. Specific objectives include establishing a National Reference Group (with State representation) and a wider Advisory Group, and developing functional communication mechanisms to ensure the free flow of information and input into the strategy from all key stakeholders.
- 2 *Defining the problem*, by identifying the key hazards for children on farms and effective solutions and strategies to

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Australia's Injury Burden

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inputs and throughputs. We know far more about the costs of health care and the numbers of patients treated than we do about the health impacts of the treatments and the health of the population in general. The information contained in this new report provides the basis for addressing important questions of what can be done to improve health and what are the best buys for the health dollars, as well as taking the first steps towards addressing the issues of inequalities in health status, health determinants and access to and use of health services.

What is a DALY?

The Report's authors have chosen, as their standard measure, the Disability-Adjusted Life Year (DALY)², a summary measure of population health developed in the first half of the 1990s by researchers at the Harvard School of Public Health and the World Health Organization as the basis for the landmark *Global Burden of Disease Study*. The Australian Study, along with a number of other national studies, are an extension of this work.

Many of you will already be familiar with the concept of potential years of life lost due to premature death (PYLL). The

DALY extends this concept to take account of years of 'healthy' life lost as the result of poor health or disability.

DALYs for a disease or health condition are calculated as the sum of the years of life lost due to premature death (YLL) in the population *and* the years lost due to disability (YLD) for incident cases of the health condition:

$$DALY = YLL + YLD$$

The YLD for a condition is calculated by multiplying the number of new cases in a specified period, by the average duration of the condition, by a severity weight. The main source for the injury severity weights used in this project was the original Global Burden Study.

In essence, then, one DALY is one lost year of 'healthy' life.

What does the study tell us about injury?

The report is interspersed with a range of findings on topics of interest to the injury community: eg the attributable burden for major risk factors such as alcohol and illicit drugs, as well as for depression, osteoporosis, firearms and sporting injury.

In Chapter 6, which deals with the National Health Priority Areas, there is also a section dedicated to injury.

Injury was responsible for 8.4% of total DALYs in 1996. This represents 5.9% of all deaths, 11.3% of YLL and 5.0% of YLD.

Three problems accounted for almost two-thirds of the burden of injury in 1996 as measured in terms of DALYs: suicide and self-inflicted injuries (27%), road traffic accidents (27%) and accidental falls (11%).

The contributions of death and disability to total DALYs varies greatly between conditions. For example, the proportion of DALYs attributed to disability was 1% for suicide and self-inflicted injury, 18% for road traffic accidents and over 50% for accidental falls. While the same two causes dominate for both males and females, suicide and self-inflicted injury, ranks first for males (30% of men's injury DALYs), while road traffic accidents rank first for females (26% of women's injury DALYs).

The entire report is available, in pdf format, at the AIHW's website: www.aihw.gov.au

For details about obtaining copies of this report, see 'Something to Read' on page. Any inquiries about the study can be directed to Colin Mathers at the AIHW, Tel: 02 6244 1138; E-mail: colin.mathers@aihw.gov.au

Changes to Mandatory Product Standards

Most of our readers will be familiar with the existence of national Mandatory Product Standards. The Commonwealth Government uses these standards to provide safety protection for consumers by specifying minimum requirements which must be met before products are sold. The Mandatory Product Standards fall into two categories:

Mandatory Safety Standards which are declared where products have been shown to present undue hazards. These require goods to comply with particular performance, composition, contents, methods of manufacture or processing, design, construction, finish or packaging rules (eg construction of toys for children under three years); and

Information standards which are introduced where there is potential for consumer detriment in the absence of information about a product. These require prescribed information to be given to consumers when they purchase specified goods (eg labelling of garments).

The products currently governed by mandatory standards include balloon-blowing kits, bean bags, bicycles, bicycle and

motorcycle helmets, child restraints for motor vehicles, cots for household use, disposable cigarette lighters, exercise cycles, portable fire extinguishers, flotation toys and swimming aids for children, ramps and support stands for motor vehicles, and toys for children under three years of age.

The Government policy on mandatory standards for general consumer products is developed by the Consumer Affairs Division of The Treasury. The Australian Competition and Consumer Commission (ACCC) has the job of actively enforcing the mandatory standards—and bans of unsafe goods declared under the Trade Practices Act—with manufacturers, importers and retailers by undertaking random market surveys, responding to complaints and acting promptly against offending suppliers.

The Standards are reviewed regularly, a process in which the ACCC works closely with Consumer Affairs. This review process has led to some recent revisions being made:

Children's nightclothes (flammability)—A new 1999 Australian/New Zealand standard on children's nightclothes

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Commonwealth News

The Injury Prevention Section at the Commonwealth Department of Health & Aged Care has been keeping itself very busy! At our request, the Section's Director, Alison Sewell has sent us this brief overview of current activities:

The Draft *National Injury Prevention Action Plan* was released in October for consultation and comment. Commonwealth, State and Territory health departments have now completed a series of consultations with key stakeholders. Once all of the input has been considered, the revised *Action Plan* will be presented to the National Public Health Partnership Group in February 2000.

The level of interest and support for the Plan was very pleasing, with many stakeholders from diverse backgrounds taking the opportunity to provide input. The process of consultation is one important way of developing collaboration and partnerships to better address injury prevention.

To complement the *Draft National Injury Prevention Action Plan*, the Injury Prevention Section is working with representatives from the National Aboriginal Controlled Community Health Organisation, and the Office of Aboriginal and Torres Strait Islander Health, in developing an Indigenous injury prevention action plan.

As a first step in the four-year *Preventing Falls for Older People Initiative*, the Department is currently supporting a project to analyse research on preventing falls and falls injury in older people. This entails an extensive literature review from 1980 to the present, looking at the issue of falls prevention in three settings: the community, acute care and residential aged care.

We are aware that there is a high degree of activity in falls prevention across Australia and that the best long term outcomes are likely to be achieved through consultation and collaboration. Therefore a project has recently been commissioned to undertake a national stocktake of major organisations that conduct falls prevention activities for older people including a description of those activities.

This work will form the basis of an ongoing collaborative approach, providing a strong platform for the Department to promulgate research findings and other information during the life of the Initiative. In addition, it will assist us in establishing a consultation network to share information between key stakeholders. It will also better enable us to develop and disseminate evidence on best practice. Please email details of any projects that could be included in the stocktake to alison.sewell@health.gov.au

In addition to these broad activities, the Department will support a project to encourage the role of general practitioners in falls and falls injury prevention. This will build upon the new Medicare Benefits Schedule (MBS) Items which incorporate voluntary health assessments for people aged 75 and over. The project is identifying best practice as well as areas where further research could add to the knowledge base.

For further information, contact Alison Sewell, Director of the Injury Prevention Section, Department of Health and Aged Care, 02 6289 7186; E-mail: alison.sewell@health.gov.au

Child Safety on Farms

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- help eliminate these. The first step would be to develop—and maintain—a child injury profile through a formal review of data and published reports. Further initiatives would include the setting up of a National Child Deaths on Farms Register, the development and implementation of a systematic approach to collecting and disseminating of injury/illness data about child safety on farms through the application of a minimum data set, and the definition of agents of injury and death of children determined by age group, state and industry.
 - 3 **Gathering the evidence**—Identifying effective solutions and strategies for parents and farm managers would be a key element of a National Strategy. This aspect will include producing a catalogue of currently available evidence-based solutions to the common causes of hidden injury problems on farms, as well as developing a resource which defines the cognitive and physical skills required by children to perform a range of activities.
 - 4 **Providing educational tools**—identifying the educational needs and resources required for children, parents and teachers. This will include collating and reviewing all available educational material which addresses child safety on farms, to see how it shapes up against agreed criteria effectiveness. It also entails the development of suitable educational resources for use in schools, at promotions, and in the media etc.
 - 5 **Helping parents make practical arrangements**, primarily by identifying and developing flexible child care options.
 - 6 **Getting the message out**—The Strategy will promote the adoption of 'best practice' with regard to child safety on farms by farm families and farm managers.
 - 7 **Filling the information gaps**—There are currently many areas in which there are important gaps in information: These gaps include knowledge about the stages of development at which children can safely undertake tasks on farms, investigation of current safety design to determine their effectiveness (eg the size of machinery guards). A national strategy would include the definition of a program of needed research, and identifying and seeking the required funding.
 - 8 **Is it working?**—Built in to the proposed framework is a program evaluation strategy to ensure that any programs that are implemented are actually effective in achieving their goals.
- Details about the cost and availability of this report are given in 'Something to Read' on page 7. For further information, contact Andrew Page or Richard Franklin at the Australian Centre for Agricultural Health and Safety in Moree, NSW, Tel: 02 6752 8210; Fax: 02 6752 6639**
- * Farmsafe Australia is a partnership of industry and government agencies with a common goal to improve the well being and productivity of Australian agriculture through advanced health and safety awareness.

From all of us, to all of you a Merry Christmas and a Happy New Millennium!



(From left to right) **Front Row:** Ray Cripps, Judy Carman, Peter O'Connor; **Middle Row:** Bronwyn Emery, James Harrison, Renate Kreisfeld, Malinda Steenkamp; **Back Row:** David Robley, Steve Trickey.

Bye Bye Stanley...



At the end of November, after five years with RCIS, Stan Bordeaux took up the position of Policy Officer (Injury Prevention) with the Tasmanian Department of Health and Human Services. In his new role, Stan will have responsibility for coordinating the injury prevention activities on the Apple Isle. He'll be working hand in hand with the Tasmanian Injury Prevention Coalition to devise priorities and programs for injury control for the Year 2000 and beyond.

Stan's departure will leave a difficult to fill gap at RCIS.

Stan can now be contacted at Tel: 03 6233 3774; E-mail: stan.bordeaux@dchs.tas.gov.au

Editor's Note

The *Injury Issues Monitor* is the journal of the Research Centre for Injury Studies at the Flinders University of South Australia. The Centre incorporates the National Injury Surveillance Unit (NISU).

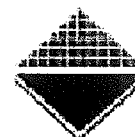
Letters to the Editor are welcome.

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Injury News from Abroad

The following item, which appeared in a recent edition of the US Consumer Product Safety Commission's *Consumer Product Safety Review*⁴, caught our attention:

New technology to prevent house fires

Problems in home wiring, like arcing and sparking, are associated with more than 40,000 home fires each year (in the USA). These fires claim over 350 lives and injure 1,400 victims annually. A new electrical safety device for homes, called an arc circuit interrupter or AFCI, is expected to provide enhanced protection from fires resulting from these unsafe home wiring conditions. Typical household fuses and circuit breakers do not respond to early arcing and sparking conditions in home wiring. By the time a fuse or circuit breaker opens a circuit to defuse these conditions, a fire may already have begun.

Several years ago, a CPSC study identified arc fault detection as a promising new technology. Since then, CPSC electrical engineers have tested the new AFCIs on the market and found these products to be effective.

Requiring AFCIs

AFCIs are already recognized for their effectiveness in preventing fires. The most recent edition of the National Electrical Code, the widely-adopted model code for electrical wiring, will require AFCIs for bedroom circuits in new residential construction, effective January 2002. Future editions of the code, which is updated every three years, could expand coverage.

AFCIs versus GFCIs

AFCIs should not be confused with ground fault circuit interrupters or GFCIs. The popular GFCI devices are designed to provide protection from the serious consequences of electric shock. While both AFCIs and GFCIs are important safety devices, they have different functions. AFCIs are intended to address fire hazards; GFCIs address shock hazards. Combination devices that include both AFCI and GFCI protection in one unit will become available soon. AFCIs can be installed in any 15 or 20-ampere branch circuit in homes today and are currently available as circuit breakers with built-in AFCI features. In the near future, other types of devices with AFCI protection will be available.

Who should install AFCIs?

CPSC suggests that, while AFCIs can be added to both new and existing homes, their use is particularly applicable in older homes where the arcing faults that can occur in aging wiring systems will not be detected by ordinary circuit breakers.

For more information about AFCIs, contact an electrical supply store, an electrician, or the manufacturer of the circuit breakers already installed in your home. Sometimes these components can be replaced with AFCIs in the existing electrical panel box.

Be sure to have a qualified electrician install AFCIs; do not attempt this work yourself. The installation involves working within electrical panel boxes that are usually electrically live, even with the main circuit breakers turned off.

Approaches made by the *Monitor* to South Australian branches of electrical manufacturing/wholesaling firms and to the Metropolitan Fire Service, suggest that an equivalent device is not currently available in this country. If anyone out there has contrary information, please let us know.

Update on 'external causes'

'E-codes' or, more formally, the 'external causes of injury and poisoning' have been part of the International Classification of Diseases for a long time. You might be surprised how long. The origins of some external cause categories in the latest edition (ICD-10) can be seen in work by William Farr, in the middle of the nineteenth Century. The international list of diseases that later became known as the ICD emerged at the end of the nineteenth Century. Its initial version and the first five revisions didn't systematically distinguish injury conditions (eg a fractured femur, carbon monoxide poisoning) from the events, factors and circumstances that lead to injury (ie the 'external causes'). This came to be recognised as unsatisfactory, leading the authors of the sixth revision to act boldly (as they put it themselves) to improve the situation. They introduced separate chapters for injury and poisoning conditions, and for external causes. They also introduced a classification of place of occurrence to add to the descriptive information provided by the 'external causes' chapter.

The approach introduced with publication of ICD-6 in 1948 was a big step forward, but relatively little further development occurred in the next four revisions of the ICD. Over the past two to three decades, people involved in injury surveillance and prevention have learned the limits of ICD external cause codes for their purposes. Responses have included incremental improvement of the E-codes and the development of new classification systems. A result is the draft International Classification of External Causes of Injury (ICECI), the product of debate and development at the international level during the 1990s.

Initially, the development of the ICECI proceeded more or less independently of ICD processes. During the past two to three years, close connections have developed. October 1999 marked a watershed in this process. The Heads of WHO Centres for the Classification of Diseases, the group responsible for the development and international regulation of the ICD, considered the coverage of external causes in the ICD at their annual meeting. They discussed and generally accepted the rationale for developing the ICECI (or something similar) and considered the progress that has been made so far.

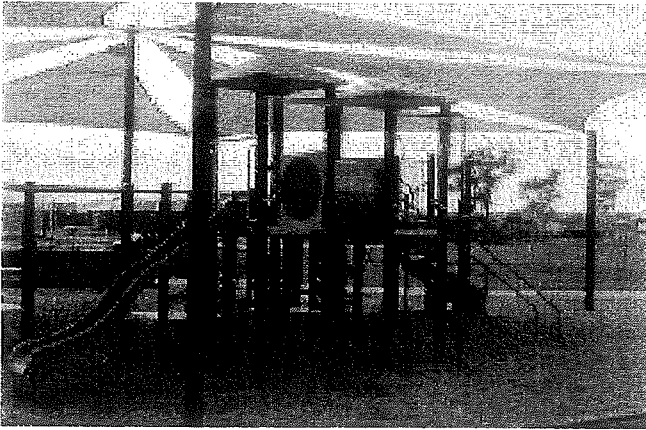
With this meeting, debate has moved from whether the fifty-year-old ICD E-code structure requires review and redevelopment, to technical questions about the characteristics that a replacement should have, and whether the draft ICECI has them. A replacement should, for example, be able to serve purposes such as mortality coding which rely on the current external cause classification, and also serve purposes for which the current E-codes have been found wanting. The heads of Collaborating Centres have invited advice on these matters, and on the extent to which the ICECI fits the bill, for consideration at their meeting in 2000. Two of the Collaborating Centres (North America and Nordic) agreed to take the lead in liaison with the group that is developing and testing the ICECI.

Note: The meeting papers are available at www.who.int/whosis/cardiff/. The papers most relevant to this topic are:

- *The ICECI data dictionary* (Background04.pdf);
- Harrison J. *Injury Classification: Balancing Continuity and Utility. ICECI and its compatibility with ICD-10* (Cardiff99.46.pdf);
- Smedby B & Frimodt-Møller B. *The Relationship between Chapter XX or ICD-10 and Multiaxial Classifications of External Causes of Injuries* (Cardiff99.47.pdf)

For any further information, contact James Harrison at RCIS, Tel: 08 8374 0970; E-mail: james.harrison@nisu.flinders.edu.au

Letter to the Editor



Addressing one hazard, but creating another

There is a potentially very serious hazard in providing a shade cloth canopy above playground equipment. Whereas such provision in our climate can be seen as essential, care must be taken so that easy access is not provided to the top of the canopy via the equipment and the support poles.

There has been considerable effort by a number of dedicated people in this country, for almost two decades, to reduce the incidence of injury associated with playground equipment. Although results have been elusive in reducing outright numbers of injury cases, the most outstanding achievement has been the almost complete elimination of fatalities. With the banning of certain pieces of equipment such as plank swings, the lowering of equipment height, and the new surface impact technology, there has not been a death to my knowledge in South Australia for at least ten years.

I have noted, in recent times, the increasing numbers of playgrounds that are being equipped with shade cloth. The shade cloth canopies I have observed are strong and tightly stretched, more representative of sails than cloth.

In August 1999 I was asked to appraise a new playground installation situated in a new housing development. The most serious hazard I observed was the ease with which users could access the shade cloth canopy. The configuration of the equipment was such that it was a simple step from the equipment onto the canopy (the accompanying photo shows the ease of access). Thus the canopy became a four metre high trampoline, a very dangerous hazard indeed. I subsequently prepared a report for the risk-management unit of the local government association advising them to notify all local government areas to check their existing installations.

I have since inspected several other playgrounds with shade cloth and have concluded that there are other equally hazardous installations, and unless local governments are warned prior to construction there will be many more.

This letter is intended to raise awareness of the situation so that all existing installations can be checked and new ones designed correctly. Equipment can be kept lower, canopies can be made higher if necessary and I have even seen support poles made unclimbable by increasing their diameter and installing 'rat caps' so that even the very agile cannot climb higher.

Unless there is a change in this present situation, a death or serious injury may occur. This warning, however, must not discourage planners and installers from providing shade.

Peter Thompson

Injury Epidemiologist

Committee Member, Standards Australia,
Playground Equipment

Changes to Mandatory Product Standards

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was recently declared mandatory. The 1999 mandatory standard, which commenced on 1 November 1999, applies to garments ranged from size 00, includes a limited range of daywear items and stipulates two flammability labels. It will run concurrently with the existing mandatory standard (declared mandatory in 1993) up until 1 September 2001 at which time the 1993 standard will cease.

Also, recently gazetted is a new mandatory standard for paper patterns for children's nightwear.

Elastic luggage straps—New regulations were gazetted in October 1999 and commence application from 1 June 2001. The new regulations require greater warning information with regard to the dangers posed by elastic luggage straps. The existing regulations will expire on 31 May 2001.

Pedal Bicycles—The joint 1998 Australian/New Zealand standard relating to the safety requirements for pedal bicycles has recently been declared mandatory and came into effect on 1 November 1999. The new standard will run concurrently with the 1989 pedal bicycle standard (declared mandatory in 1994) until 31 October 2000 at which time 1994 standard will cease.

The new standard introduces several features including:

greater specificity in relation to the requirements for front wheel quick-release devices, an increase in the allowable width of handlebars to 700mm, and a provision that partly assembled bicycles will be regarded as failing the standard if the assembly instructions are insufficient to allow the bicycle to be assembled into a safe state

Pedal Cycle Helmets—A new product safety standard in relation to pedal cycle helmets has been declared mandatory by regulation and came into effect on 31 October 1999. The new mandatory standard references the joint Australia/New Zealand Standard 2063:1996 Pedal cycle helmets and the United States Snell B95 standard. The existing pedal cycle helmet standard (based on the 1986 and 1990 standards) as varied by the Regulation will run concurrently with the new standard until 31 August 2001. The new standard will run through to 31 August 2006.

Full details about mandatory product standards, including further information about the revisions described above, can be found at the Australian Competition & Consumer Commission's Website: www.accc.gov.au/product_safety/fs-product_safety.htm

New NSW Research Centre

Recently, the NSW Minister for Health formally announced the establishment of an Injury Risk Management Centre. The Centre has been made possible through a financial partnership between the Roads and Traffic Authority of NSW, the Motor Accidents Authority and the NSW Health Department.

After due consideration, funding of \$400,000 *per annum* over three years was given to the successful tenderer—the University of NSW.

The Centre will undertake a wide range of activities including commissioned and investigator driven research, and will play a role in professional and community information sharing and debate. It will have the capacity to apply its expertise in a broad range of environments where people are injured such as the road and other transport

environments, the work place, sporting leisure and home environments, and in public places.

The core capabilities of the Centre will include advanced database management and analysis, legal research, engineering and product design studies, injury hazard analysis and evaluation, epidemiology, human factors and behavioural expertise, risk modelling and cost benefit analysis, decision analysis for policy impact research, and injury control program design and evaluation.

In providing its services, the Centre will build a consortium of individuals and agencies. Key amongst these are the Faculties of Medicine (including the Trauma Centre at Liverpool Hospital), Science and Technology, and Life Sciences at the University of NSW; the Monash University Accident Research

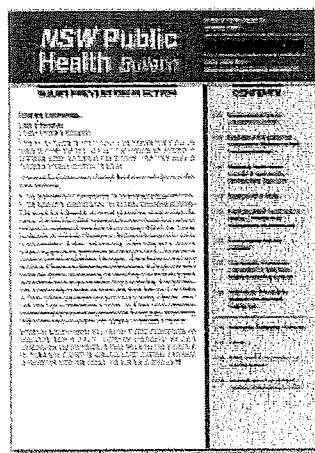
Centre, the Research Centre for Injury Studies at Flinders University, and Farmsafe Australia.

At the helm are two University of NSW academics, Professor Jean Cross of the Department of Safety Science and Dr Ann Williamson of the School of Psychology. Ann has assumed the role of Acting Director pending the appointment of a person to fill that position.

For further information, contact Ann Williamson, Tel: 02 9385 3806; E-mail: a.williamson@unsw.edu.au

Something to read ...?

NSW Public Health Bulletin



NSW Health recently released the second of two issues of its *Public Health Bulletin* devoted to injury. The first, the July issue (Volume 10, Number 7) examined injury surveillance and research. This one (Volume 10, no 10) looks at examples of injury prevention in action, and contains: an evaluation of a statewide campaign to prevent scalds in young children; a community-development strategy to prevent youth suicide; a partnership-building Safe Communities process undertaken in Ryde, NSW; a report on a smoke alarm campaign in three non-English speaking communities in NSW; an article on the health risks to

children of poisons displayed, within their reach, for sale in supermarkets; and a report on a national meeting to discuss the delivery of poisons information in Australia. Both editions can be downloaded, in *pdf* format, from the following web address:

www.health.nsw.gov.au/public-health/phb/backiss.html

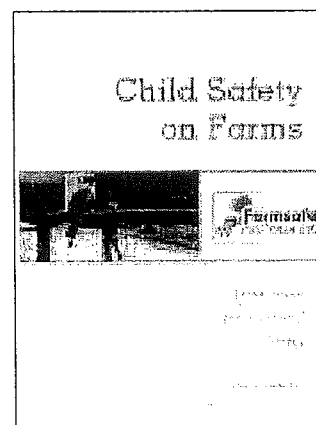
The Burden of Disease and Injury in Australia



This report, which is the subject of our page one article, can be downloaded, free of charge, from the following web address: www.aihw.gov.au/publications/health/bdia.html Printed copies are also available: The full report (Cat. No. PHE17) sells for \$25.00;

a summary version (Catalogue No. PHE18) costs \$10.00; and the set of both volumes is available for \$30.00. All prices include postage and handling. For further information contact Ausinfo, Tel: 132 447 (toll free).

Child Safety on Farms



A detailed description of this report is given in our page one article. Copies of the report can be purchased from the Australian Centre for Agricultural Health and Safety, PO Box 256, Moree NSW 2400, Tel: 02 6762 8215; Fax (02) 6752 6639. The cost is \$20.00, which includes postage and handling.

Note: where available, Internet addresses have been provided below for conference websites. For those meetings that don't have their own website, detailed descriptions of the events are normally available at our website: www.nisu.fllinders.edu.au/events/

International Travelling Seminar on Injuries and Safe Communities

15-25 February 2000

Bangladesh

Attendance is limited to 20 persons.

Contact: Dr AKM Fazlur Rahman, Tel: +880 2 9122509; E-mail: fazlur@citechco.net

9th International Conference on Safe Communities

26-28 February 2000

Dhaka, Bangladesh

Contact: Dr AKM Fazlur Rahman, Tel: +880 2 9122509; E-mail: fazlur@citechco.net

International Workshop on Traffic Calming

2-3 March 2000

New Delhi, India

Contact: ICTCT Secretary Ralf Risser, +43 1 5041546; Fax: +43 1 5041548; E-mail: ralf.risser@aon.at

International Course on Injury Control and Safety Promotion

2-4 March 2000

New Delhi, India

Attendance is limited to 30 persons.

Contact: Mr MK Gaur, Tel: +91 11 6858703; Fax: 91 11 6858703; E-mail: mareshgaur@hotmail.com

International Workshop on Critical Issues in Pre-Hospital Care

3 March 2000

New Delhi, India

Contact: Dr Sudhir Joseph, Tel: +91 11 398 3574; Fax: +91 11 293 2412; E-mail: ssh@nda.vsnl.net.in

Workshop on Biomechanics of Vulnerable Road Users

3-4 March 2000

New Delhi, India

Attendance is limited to 50 persons

Contact: Ms Bhuvaneshwari Jayaraman, Tel: +91 11 464 7810; Fax: +91 11 464 8222; E-mail: aiaam@nda.vsnl.net.in

International Workshop on People's Right to Safety

3-4 March 2000

New Delhi, India

Contact: Mr Tapan K Bose, Tel: +977 1 541 026; Fax: +977 1 527 852; E-mail: south@safhr.wlink.com.np

Introductory Workshop on Injury Scaling

4 March 2000

New Delhi, India

Attendance is limited to 50 persons.

Contact: Elaine Petrucelli, Tel: +1 847 390 8972, ext. 12; Fax: +1 847 390 9962; E-mail: AAAM1@aol.com

International Conference on Housing Safety

3-4 March 2000

New Delhi, India

Contact: Mr Kulwant Singh, Executive Director, Human Settlement Management Institute, Tel: +91 11 469 1834; Fax: +91 11 469 1292;

E-Mail: Kulwants@nda.vsnl.net.in

5th World Conference on Injury Prevention and Control

5-8 March 2000

New Delhi, India

Contact: Ms Arati Walia, Tel: +91 11 691 9377;

Fax: +91 11 684 8343; E-mail:

awconfer@del2.vsnl.net.in

RoSPA Road Safety Congress 2000

6-8 March 2000

Plymouth, United Kingdom

Contact: Kevin Clinton, Tel: +44 121 248 2125

E-mail: kclinton@rospa.com

Website: www.rospa.com/south@safhr.wlink.com.np

Australian Pacific Healthy Cities Conference

8-10 March 2000

Canberra

Contact: Healthy Cities Conference Secretariat, ConSec,

PO Box 3127, Belconnen Delivery Centre, ACT 2617,

E-mail: consec@spirit.com.au

Website: www.healthycitiescanberra.org.au

International Conference on Child and Adolescent Injury Prevention in the Under Privileged

9 March 2000

New Delhi, India

Contact: Dr R Krishnan, Tel: +60 3 750 2306; Fax:

+60 3 757 7941; E-mail:

rajamk@medicine.med.um.edu.my

International Conference on Product Safety

10-11 March 2000

Ahmedabad, India

Tel: +91 79 663 9692; Fax: +91 79 660 5242; E-

mail: nid@vsnl.com

Short Course on the Biomechanics of Crash Injury

13-15 March 2000

Melbourne

Contact: Dr Andrew Morris, Tel: +61 3 9905 4376.

4th International Conference on Fatigue and Transportation

19-22 March 2000

Fremantle, Western Australia

Contact: Laurence Hartley, Conference Convenor, Fax:

+61 8 9360 6492;

E-Mail: hartley@socs.murdoch.edu.au

5th International Congress on Nursing, Psychosocial and Rehabilitative Care of the Burned Patient

14-19 May 2000

Rotterdam, The Netherlands

Contact: Congress Secretariat ISBI 2000

Congrex Holland BV, PO Box 302, 1000 AH

Amsterdam, The Netherlands

Tel: +31 20 5040200; Fax: +31 20 5040225;

E-Mail: isbi2000@congrex.nl

Measuring the Burden of Injury

15-16 May 2000

Baltimore, Maryland, USA

Contact: Anitra McLanahan, NPP-12

National Highway Traffic Safety Administration, 400

7th Street SW, Washington DC 20590, USA; E-Mail:

amclanahan@nhtsa.dot.gov Website: www.nhtsa.dot.gov

Sleepy Drivers and Pilots: Causes, Risks and Countermeasures

26-27 May 2000

Stockholm, Sweden

Contact: Secretary General Gerd Nyman, Fax: +46 8

30 25 07; E-Mail: nyman.gerd@swipnet.se

Website: <http://iaatm2000.com>

17th World Congress of the International Association for Accident and Traffic Medicine

28-31 May 2000

Stockholm, Sweden

Deadline for submitting abstracts is January 15, 2000.

Contact: Congress Secretariat, IAATM 2000, Fax: +46

8 30 25 07; Website: www.iaatm2000.com

Vehicle Safety 2000

7-9 June 2000

London, United Kingdom

Contact: Jonathan Narbett C567

Conferences and Events Department, Institution of

Mechanical Engineer, 1 Birdcage Walk, London

SW1H 9JJ, England

12th National Health Promotion Conference

29 October to 1 November 2000

Melbourne

DEADLINE FOR ABSTRACTS: May 2000.

Contact: Conference Secretariat, Tel: 03 9682 0244;

Fax: 03 9682 0288

E-Mail: health@icms.com.au

Website: www.icms.com.au/health

Injury 2000: Prevention and Management

19 -25 November 2000

Canberra

Contact: Intermedia Convention & Event Management

PO Box 1280, MILTON QLD 4064; Tel: +61 (07)

3369 0477; Fax: +61 (07) 3369 1512; E-Mail:

injury2000@im.com.au

Footnotes

- 1 Child Safety on Farms: a framework for a national strategy. Farmsafe Australia, October 1999.
- 2 Murray CJ and Lopez AD, 1996: The Global Burden of Disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020. Volume 1, Global Burden of Disease and Injury Series. Harvard: Harvard School of Public Health.
- 3 Murray CJ and Lopez AD, 1996: The Global Burden of Disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020. Global Health Statistics. Volume 2, Global Burden of Disease and Injury Series. Harvard: Harvard School of Public Health.
- 4 US Consumer Product Safety Commission, Consumer Product Safety Review, Vol 4, No 1, Summer 1999, page 6: (This periodical can be downloaded, in pdf format, from the CPSC's website: www.cpsc.gov)