

## Draft National Injury Prevention Plan

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At a meeting held in Adelaide on 9 July 2004, the National Public Health Partnership Group endorsed the release of a new *National Injury Prevention Plan* as a draft for public consultation. Commissioned by the Commonwealth Department of Health and Ageing, the draft was prepared by Jane Elkington & Associates, a Sydney-based consultancy group. In preparing the Plan, Elkington & Associates drew heavily on the *New Zealand Injury Prevention Strategy*<sup>1</sup> and used the data, priorities and cross-cutting issues contained in the NISU publication *National Injury Prevention Plan Priorities for 2004 and beyond: Discussion paper*.<sup>2</sup> Development of the plan was supported by advice and comments from a specially formed sub-committee of the Strategic Injury Prevention Partnership (SIPP). When the draft plan is finalised, it will take the place of the current Plan, *National Injury Prevention Plan: Priorities for 2001-2003*.<sup>3</sup>

### Purpose of the Plan

The purpose of the new Plan is to

provide a framework for the full range of injury prevention activities that occur in Australia. The Plan will help the various agencies, both government and non-government, and individuals, to focus their efforts and resources by providing clear priority areas as a focus for investment.

The Plan embodies a vision which sees government and community working together to ensure that Australians have the greatest chance of a life free from the impact of preventable injuries. Realisation of this vision is based on working strategically and collaboratively towards achieving a positive safety culture where there is a belief that injuries are preventable and that investing in injury prevention is worthwhile.

### Current gaps in injury prevention

The draft plan has identified several general deficiencies with some of the current injury prevention activities. These include:

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## National Aboriginal and Torres Strait Islander Safety Promotion Strategy

### Background

Along with the *Draft National Injury Prevention Plan*, the July meeting of the National Public Health Partnership Group also approved the release of a draft *National Aboriginal and Torres Strait Islander Safety Promotion Strategy* for public consultation. The specific injury prevention needs outlined in the *Aboriginal and Torres Strait Islander Safety Promotion Strategy* will be incorporated into the *National Injury Prevention Plan*.

The Strategy had its genesis at the 2000 National Injury Prevention Conference in Canberra. At that meeting, Aboriginal and

Torres Strait Islander delegates developed a national statement on Aboriginal Injury and Safety Promotion. This statement called for the development of a systematic approach to safety and injury prevention for Aboriginal people based on public health principles. In 2003, the Aboriginal and Torres Strait Islander Injury Prevention Advisory Committee (ATSIIPAC) commissioned a project to examine current activity with respect to injury prevention in Aboriginal and Torres Strait Islander communities, together with a literature review of policy investments. The outcome was a comprehensive

examination of future possibilities for investment by all levels of government in partnership with the leaders of individual communities.<sup>4</sup> The draft Strategy is a response to these efforts. It is modelled on a strategy currently being trialled in NSW.

### Scope

The draft strategy covers all aspects of safety promotion. Specifically, it deals with:

- Accidental injury
- Intentional self-harm

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- *Fragmentation of effort.* The wide range of agencies and organisations involved in this area sometimes leads to unnecessary duplication.
- *Gaps in injury prevention activity.* Some important injury issues have attracted limited attention relative to their impact (eg fall prevention and drowning prevention).
- *Workforce capability issues.* The injury prevention workforce is diverse, often isolated and has limited access to training opportunities.
- *Quality of, access to, and dissemination of injury information.* There is a need for better, more accessible, and improved dissemination of injury data and information to support injury prevention activity.
- *Limited understanding of effective injury prevention activities.* Some areas, such as road safety, have benefited from strong research. Others are desperately lacking a similar level of knowledge.
- *Insufficient resourcing of injury prevention.* Investing in prevention is generally ranked a very low priority against treatment needs.

The new *Plan* will endeavour to address these gaps through the health sector accepting that it is well placed to advocate, negotiate and provide the necessary data and its analysis for a coordinated National approach to identified injury prevention priorities. The focus of the *Plan* is to improve the infrastructure that supports injury prevention activity in Australia, as well as the development of national strategies to address specific national priority areas.

## Priority areas for action

The draft *Plan* uses an approach which recognises that risk factors are often shared by population sub-groups (ie age, geographic or cultural affiliation) and that these risk factors are likely to cut across different types of injuries. The resultant approach will enable different regions to target the issues that best meet the needs of the priority groups in their area. The population sub-groups chosen as priority areas in the new *Plan* are:

- Children (0-14 years)
  - Emerging and young adults (15-24 years)
  - Older people (65 years and over)
  - Rural and remote population
  - Indigenous communities
- An addition to this list is the cross-cutting risk factor of alcohol.

## Key issues for priority areas

Key issues are listed in relation to each of the priority areas. Taken from the *NISU Discussion Paper*<sup>2</sup> these are as follows:

### Children 0-14 years

- Children are dependent and susceptible to injury.
- Children progress through a number of developmental stages between the ages of 0-4. Successful progression to adulthood is dependent on successful navigation of these stages and injury prevention and intervention can greatly assist in a successful transition.
- Children aged 0-14 years represent 16.5% of all injury-related hospitalisations just over 4% of all injury-related deaths.
- Key concerns focus on transport-related injuries (including on and off road and driveway runovers), falls, other unintentional injury (this includes such events as choking and suffocation), poisoning (primarily pharmaceuticals), drowning and near drowning, and burns and scalds.
- To date, little consideration has been given to access to prevention and intervention programs for children from culturally and linguistically diverse families.

### Emerging adults 15-24 years

Emerging adults represent about 1 in 6 of all injury deaths and about 1 in 7 of all injury hospitalisations. They are over-represented in injuries associated with transport, violence, pharmaceutical poisoning and self-harm, and represent 15.7% of all injury hospitalisations and 14.3% of all injury-related deaths.

Young males outnumber young females in deaths due to injury for all injury categories.

Particular pressures and opportunities such as access to motor cars and alcohol present new risks for emerging adults.

Research suggests that suicide rates reached by a cohort during their emerging adult years may persist over other developmental stages.

For males aged 20-24 years, alcohol-related injury death accounted for 18% of injury deaths (compared with 15% of male injuries across all ages).

The type of activity emerging adults are engaged in at the time of their injury differs for age sub-groups. Injury sustained while engaged in a sports activity is highest in 15-16 year olds and decreases at age 17-18 when it tends to plateau from 18-24 years; and injury sustained during work activity increases sharply from 17-24 years as young people join the workforce.

## Improving injury prevention efforts

The draft plan looks to current evidence and concludes that injury prevention will work best when it:

- is based on a strong understanding of the problem and its contributory factors;
- addresses the multiple factors that contribute to injury;
- is based on evidence of effective interventions;
- encourages environmental and behavioural change;
- engages the people who are most at risk;
- involves action across sectors (eg health, police, education);
- is sustained and reinforced over time (eg through policies, laws, engineering).

## Underlying principles

The draft plan is based on nine underlying principles:

- Leadership in injury prevention;
- Coordination and integration of effort
- Informed and capable workforce
- Access to quality data and its analysis
- Commitment to equity of access
- Evidence-based planning
- Supportive legislative and policy framework
- Appropriate resource levels for injury prevention
- Monitoring and evaluation of initiatives.

## Other aspects of the plan

To assist in making gains in relation to the priority areas outlined in the *Plan*, specific actions are specified for each. Examples of prevention programs are also

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given, such as *“Leavers’ Live”—School leavers’ safer celebrations on Rottnest Island, WA* (an instance of a program targeted at emerging adults). Programs targeting other priority areas include the Australian Drug Foundation’s *Good Sports Alcohol Accreditation Program* and *Capacity building in rural and remote areas of NSW*.

## The consultation process

The draft plan will be available for public consultation during August and September 2004. There will be jurisdiction-based consultations through SIPP

members as well as a national consultation. The purpose of the consultations is to discuss the subsequent development of the new *National Injury Prevention Plan*. A feedback sheet has been developed to assist individuals and organisations in commenting on the draft plan.

National feedback opportunities will be provided at the 7th Australian Injury Prevention Conference. Participants will receive a copy of the draft plan and feedback sheet in their conference satchels. A presentation and information session on the draft plan will also be provided at

the Conference and it is anticipated that a round table discussion of the draft plan will be held as part of the Conference activities.

The draft plan will be available from SIPP members and can be accessed on the Injury Prevention pages of the NPHP website at [www.nphp.gov.au](http://www.nphp.gov.au) from 19 August 2004.

**Enquiries should be directed to Samantha Diplock in the Injury Section of the Department of Health and Ageing, Tel: 02 6289 7021, E-mail: [samantha.diplock@health.gov.au](mailto:samantha.diplock@health.gov.au)**

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# National Aboriginal and Torres Strait Islander Safety Promotion Strategy

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- Violence
- The need for safe environments and communities
- The need to feel safe.

## Underlying principles

Underlying the Strategy are two basic principles: the right to be safe, and the responsibility to promote and maintain the safety of others. Within these there are six operational principles that underpin all actions outlined under the Strategy:

- *Build respect and responsibility* (ie the Strategy must aim to enhance the self-respect of Aboriginal and Torres Strait Islander people and be controlled and directed by individual communities).
- *Promote informed setting of priorities for action* (ie priorities must be set on the basis of sound information and the systematic analysis of data about injury and safety needs in relation to local, regional and state priorities for action).
- *Many settings, many different opportunities* (ie the Strategy must acknowledge the diversity of culture, settings and lifestyles).
- *Have an accredited program* (ie the

Strategy will include a formal education program for workers, appropriately accredited at TAFE and University level).

- *Link with other health and health-related strategies* (ie this Strategy will link to other relevant strategies that have already been developed).
- *Transfer knowledge and build capacity*. (National and State peak bodies representative of Aboriginal and Torres Strait Islander communities will be invited to explore ways in which this can be achieved.)

## Specific strategies and outcomes

The draft lists a number of strategic directions and specific strategies:

- *Provide an opportunity to participate* (eg establish a statewide capacity to lead and support local development).
- *Local profile* (eg develop local multi-sectoral injury/safety interest groups in participating localities).
- *Local action* (eg create the imperative for action among agencies with a responsibility for safety issues).
- *Local program support* (eg provide resources to assist with the implementation of high priority injury prevention

and safety strategies.

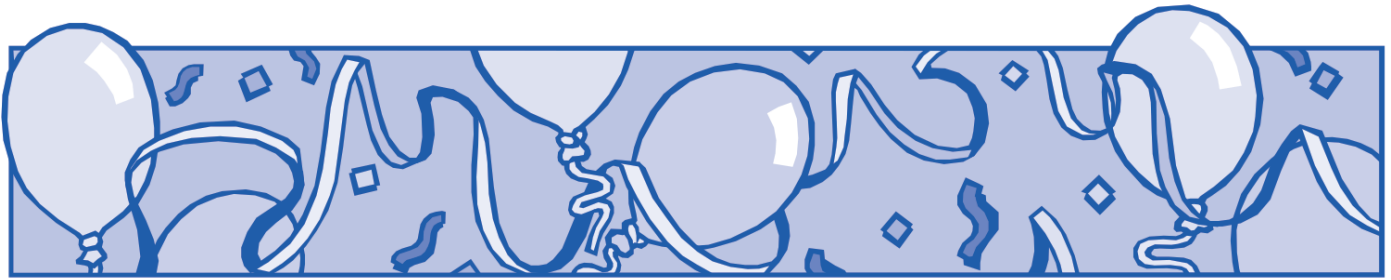
- *Education and training* (eg of Aboriginal and Torres Strait Islander injury prevention and safety promotion practitioners).
- *Information sharing* (eg active communication and visiting between communities involved in safety promotion).
- *Research and evaluation* (eg formative evaluation driven by local people).

## A whole of government approach

Underlying the Strategy is a strong commitment by the Australian Government to a whole of government approach. The Strategy emphasises the importance of partnerships between sectors and organisations at a Federal or State level to create an environment that provides a strong foundation and supportive climate for locally-based initiatives.

**Details of a consultation process are currently being finalised. Enquiries should be directed to Samantha Diplock in the Injury Section of the Department of Health and Ageing, Tel: 02 6289 7021, E-mail: [samantha.diplock@health.gov.au](mailto:samantha.diplock@health.gov.au)**





## Celebrations as ICECI Version 1.2 launched\*



Back row: Ian Scott, Susan MacKenzie, Malinda Steenkamp, Birthe Frimodt-Møller, Yvette Holder, Anneke Bloemhoff; Middle: Lois Fingerhut; Front: James Harrison, Saakje Mulder (Lee Annest, Andre L'Hours, Bertrand Thelot, Julie Gilchrist and Marijke de Kleijn were not able to join the party.)

The smiles on the faces of the ICECI Coordination and Maintenance Group (CMG) in the photo above are in response to the release of version 1.2 of the International Classification of External Causes of Injury (ICECI). At a recent meeting in Vienna, the Group gave its approval to the first formal release of the ICECI since it was admitted to the WHO Family of International Classifications as a Related Classification.

Among the the improvements included in Version 1.2 is an index. The introduction has also been extensively revised, and provides a detailed guide to what the ICECI is and how it can be used.

Getting the ICECI to this stage has been a long and sometimes uncertain process, and many people have contributed to this international collaborative venture. The Co-ordination and Maintenance

Group takes this opportunity to thank everyone who has been involved.

The ICECI was mentioned in several papers and posters at the recent 7th World Conference on Injury Prevention and Safety Promotion, and related meetings. This early adoption is a good sign, especially as it has occurred despite the fact that the decision was taken not to publicise the system widely while it was still in development.

The ICECI was originally designed for data collection in settings such as hospital emergency departments. It has also been found useful for other purposes. For example, it has been used as a reference classification during revision of another classification, to record risk-factor exposure of children in a cohort study, as the basis for special-purpose classifications and in a growing number of other ways.

It is now time to bring the ICECI to the attention of the injury prevention community and to encourage peers and colleagues to try it out, to find innovative applications, and to contribute to its further development.

**Version 1.2 of the ICECI is now available for download at [www.iceci.org](http://www.iceci.org)** Comments and questions about the ICECI can be submitted via the website, or directed to members of the ICECI-CMG. James Harrison is the member responsible for coordinating updates and revisions. He can be contacted at Tel: +61 8 8201 7602; E-mail: [james.harrison@flinders.edu.au](mailto:james.harrison@flinders.edu.au)

\* *The ICECI code for toy balloons is C3.6.02.60. Fortunately the balloons used to celebrate the release of ICECI 1.2 caused no injury.*





# From the Coroner

An inquest was held in April 2004 by the South Australian Coroner, Wayne Chivell, into the death of a seven month old boy. The boy had drowned in a bath after slipping down in a bath seat while left unattended. The bath seat was configured as a plastic ring mounted on a circular flexible mat, the underside of which was covered in small suction-cups.

During the inquest, a submission was received from Dr Ronald Somers of the Injury and Surveillance Unit at the SA Department of Human Services. Dr Somers put the view that this type of product should be banned.

Professor RW Byard, the forensic pathologist who performed the post-mortem in this case, gave a contrary view. Professor Byard said that, while he wouldn't advise their use and would recommend that the parents who do use them must supervise their children, there are situations in which they could be useful (eg for parents of twin infants).

In his findings, the Coroner chose not to recommend a ban of bath seats. He did however make two recommendations:

- That the question of whether the sale of baby bath seats should be banned,

as suggested by the South Australian Injury Surveillance and Control Unit, should be considered nationally by the relevant regulatory agencies in the light of these findings; and

- That, in any event, a strong public awareness campaign should be instituted warning of the dangers created by bathing infants in adult bathtubs, and that an infant should never be left unattended in a bathtub, and that the carer should always remain within arm's length when an infant is in a bathtub.

## US research and rulemaking

The US Consumer Product Safety Commission has reports of 106 drowning deaths and 163 non-fatal incidents involving baby bath seats over the period January 1983 to October 2003.<sup>5</sup> Bath rings are no longer manufactured for the US market. Baby bath seats are similar in that they are mounted on a flexible plastic base with suction cups on the underside; the bath seat is made of moulded plastic. The three major hazard scenarios identified were bath seats tipping over, children becoming entrapped and submerged in the leg openings; and

children climbing out of the devices.

The CPSC voted unanimously to propose a federal mandatory regulation which, if adopted, would end manufacture of old-style bath seats that adhere to the tub bottom with suction cups. CPSC data show 24 fatalities and 56 non-fatalities occurred when the seat tipped over. In most of these cases the suction cups played a part in the tip-over by either failing to adhere to the tub surface; adhering to the surface but separating from the seat legs; or from being missing.

Industry is currently working on a voluntary standard to incorporate the same provisions.

**Copies of the SA Coroner's detailed findings are available on the Internet:**  
[www.courts.sa.gov.au/courts/coroner/findings/findings\\_2004/smith.finding.htm](http://www.courts.sa.gov.au/courts/coroner/findings/findings_2004/smith.finding.htm)

**Information about the CPSC's proposal for a mandatory regulation to government baby bath seats, incorporating a detailed discussion of the background and issues involved is available at** [www.cpsc.gov/BUSINFO/frnotices/fr01/bathseat.pdf](http://www.cpsc.gov/BUSINFO/frnotices/fr01/bathseat.pdf)

## NSW Falls Management Strategy

During July 2004, New South Wales' Health Minister, Morris Iemma, announced a funding package of \$8.5 million to support a new *Falls Prevention and Management Strategy*. The money will be spent over a period of four years to fund a range of programs aimed at addressing the main fall risk factors among older people, particularly women.

The *Strategy* will undertake a number of systemic interventions such as:

- Establishing dedicated falls clinics that engage allied health workers in assessing and developing tailored treat-

ment and rehabilitation plans for falls sufferers.

- Increasing access to and participating in physical activity programs for older people which improve muscle strength, flexibility and balance.
- Making hospitals, supported accommodation, nursing homes and public places safer by implementing fall injury prevention design guidelines.
- Providing more support for public education programs and the staff who manage these developments.

The *Strategy* also highlights a range of

simple things that individuals can do to reduce the likelihood of falling. For example:

- Securing all scattered rugs or avoiding using mats or rugs.
- Cleaning up spills as they occur and not leaving wet or slippery floors.
- Removing clutter and keeping walkways and hallways clear of cords and cables.
- In the bathroom, using a non-slip mat in the bath or shower, installing hand-

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# Hospitalised Fractures

Clare Bradley

Research Centre for Injury Studies

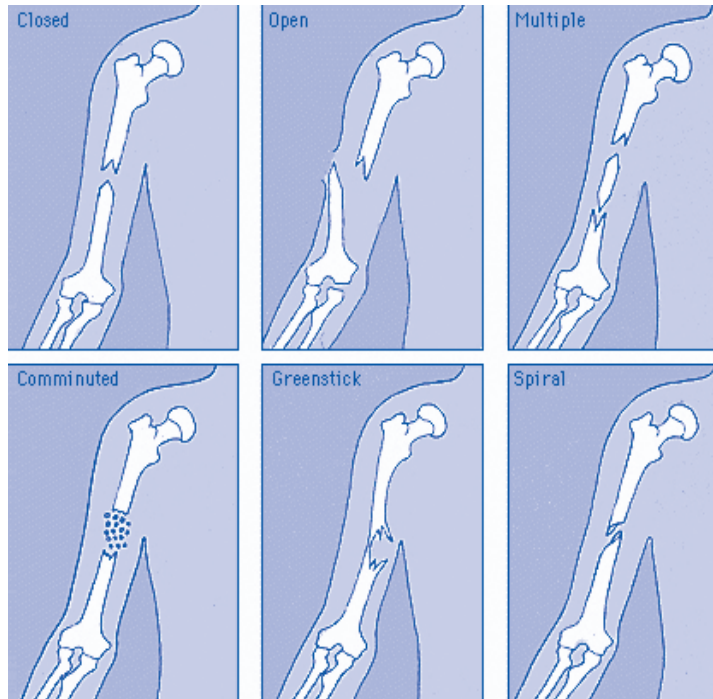
Recent analyses of unit records for hospital separations during the year 2001-2002 from nearly all hospitals in Australia has enabled the construction of a picture of the extent and nature of fractures as a type of injury morbidity in this country.

Two of the four injury prevention priority topics under the current *National Injury Prevention Plan* refer to events for which fractures are the main type of trauma: falls by older persons and falls by children.<sup>3</sup> Prevention programs are being developed and implemented, particularly for falls by older persons.

## Findings

Fractures are the most common of all forms of hospitalised trauma, accounting for 36% of all injury hospitalisations in Australia in 2001-02. Over that period at least one fracture was recorded as a diagnosis for 156,450 episodes of inpatient hospital care in Australia. These cases accounted for 888,460 bed-days. The cases involving at least one fracture diagnosis accounted for 2% of all hospital episodes in 2001-02, episodes for which the principal diagnosis was an injury of any type.

Fractures by older persons, particularly lower limb fractures



attributed to falls, are common and account for a large number of bed-days. The number of cases of this type is likely to increase substantially due to projected increases in the size of this segment of the Australian population.

Other events, notably transport accidents, are common causes of hospitalised fractures for young and middle aged adults.

Four case types accounted for 52% of all episodes in which a fracture was recorded and over 65% of bed-days due to fractures. These were:

- Lower limb fracture due to a fall by a person aged 65+ years;
- Upper limb or trunk fracture due to a fall by a person aged 65+ years;
- Upper limb fracture due to a fall by a person aged 0-14 years, and;
- Any fracture due to a transport accident at ages 5-49 years.

Copies of the full version of this report are available on the RCIS website: [www.nisu.flinders.edu.au](http://www.nisu.flinders.edu.au)

Enquiries can be directed to Clare Bradley at RCIS, Tel: 08 8374 0970, E-mail: [clare.bradley@flinders.edu.au](mailto:clare.bradley@flinders.edu.au)

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## NSW Falls Management Strategy

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- rails and using a bath seat for extra safety.
- In garden areas, making sure that paths are even and free of moss. Keeping paths free of garden tools.
- Having adequate lighting in all rooms. Using a night light. Having good lighting in hallways, bathrooms and stairwells.
- For stairs and steps, installing a handrail and painting the front edge of outside steps with contrasting colour or applying adhesive non-skid strips.
- Wearing appropriate non-slip foot-

- wear in slippery or wet areas.
- Having spectacles checked regularly by an optician. Joining a gentle exercise or tai-chi group to improve strength and balance.
- Calling the local Aged Care Assessment Team (ACAT) for advice. Experts can assist in assessing homes and can be contacted through the local hospital.

The statewide policy for the management of fall injuries in older people forms part of the *Chronic Disease Prevention Strategy* for NSW.

Enquiries about the Falls Strategy can be directed to Rebecca Mitchell at the NSW Health Department, Tel: 02 9391 9951, E-mail: [rmitc@doh.health.nsw.gov.au](mailto:rmitc@doh.health.nsw.gov.au)

Copies of the Strategy can be downloaded from [www.health.nsw.gov.au/public-health/health-promotion/injury-prevention/types-of-injury/falls.html](http://www.health.nsw.gov.au/public-health/health-promotion/injury-prevention/types-of-injury/falls.html) Other items such as briefing papers on older people living independently in the community, in supported residential care, and acute care settings, as well as fact sheets in several languages other than English.



## Communique

Teleconference, 16 June 2004

The 12<sup>th</sup> Meeting of the Strategic Injury Prevention Partnership was held via teleconference on 16 June 2004. Members attending the meeting were Rod McClure (Co-Chair), James Harrison (AIHW), Rae Scott (Commonwealth), Pam Albany (NSW), Michael Tilse (QLD), Leah McKinnon (ACT), Nicola Rabot (Victoria), Stan Bordeaux (TAS), Justine Glover (NT), Ron Somers (SA), Nicole Bennett (WA) and Sandy Brinson (NZ). Also in attendance were Annamaree Reisch and Samantha Diplock (SIPP Secretariat).

Apologies were received from John Scott (Co-Chair), Richard Franklin (AIPN), and John Wunsch (Treasury).

### Updates from jurisdictions

Members provided updates on their recent work.

#### *Tasmania:*

- Funding for child injury prevention secured. Child injuries in homes and playgrounds will be the focus and a Strategic Plan is to be developed.
- Child injury prevention policies in relation to fires are under consideration following recent child deaths from house fires.
- A scoping project on falls in older people is being conducted as Tasmania's population is ageing.

#### *New South Wales:*

- Alcohol Linkage Program (police data system to identify problem drinking areas) currently operating in parts of NSW. The program has reduced crime and has the potential to significantly reduce alcohol-related injury.
- Media attention surrounding injuries and deaths associated with infant nursery products.

#### *Victoria:*

- Injury Prevention Research Program.
- Child Poisoning Prevention Project report will be circulated shortly.
- A number of injury-related research projects are being funded in the next 12 months, including poisoning, playground safety and protective equipment.
- Preliminary evaluations on injury prevention initiatives are positive.

#### *Australian Capital Territory:*

- Water Safety Working Group is developing regulations for swimming pools.

- An audit of popular swimming areas is currently being conducted.
- The application for funding for the Swimming in Schools Study was not successful.
- A falls prevention community outreach program is currently operating. This involves ambulance officers referring people who fall but don't go to hospital to the program for an assessment and falls prevention advice or interventions.

#### *Queensland:*

- Mackay Child Injury Prevention Project (case study) is currently running to increase community awareness of home safety practices and reduce childhood injuries.
- 12 volunteers are being trained for the Wide Bay Falls Prevention Project.
- Safe Communities project is strengthening and growing.
- Strong political interest in the Sustainable Housing Project. This project involves incorporating smart housing principles, including those with a safety focus.

#### *South Australia:*

- Better Regulations for dog control have been introduced. The Regulation includes a requirement for dogs to be leashed on public footpaths.
- Agreement in principle has been reached with Therapeutic Goods Administration (TGA) for laboratory testing of pharmaceutical packaging.
- Road Rules Maintenance Group has taken on the issue of restraints for transporting children in vehicles.
- SA Trauma Registry making excellent progress. Benchmarking comparisons between hospitals now regularly conducted, and Registry has gone beyond the monitoring of clinical performance indicators to assess patient outcomes. Present efforts aimed at uncovering opportunities for improving clinical management of cases of severe trauma.

#### *Northern Territory:*

- A new 5 year plan for health is being developed. Injury has been identified as a priority for inclusion in the plan.
- Territory Day is approaching and a survey on firework-related injury is being conducted.

#### *New Zealand:*

- Developing injury outcomes based on serious injury and fatalities.

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## Communique

Teleconference, 16 June 2004

- Website address—[www.nzips.gov.nz](http://www.nzips.gov.nz)
- Stocktake of government and non-government injury prevention work is being undertaken.

### *Australian Government (Department of Health and Ageing):*

- Currently prioritising injury prevention projects (focusing on population and risk factor groups identified for inclusion in the new plan) for funding.
- Evaluation of the National Injury Prevention Plan—Members of the Centre for Accident Research and Road Safety – Queensland (CARRS-Q) project team provided an update on the evaluation of the National Injury Prevention Plan 2001-2003. They stated that the evaluation is progressing well. The first stage (Delphi process) has been completed. The second round (critical analysis of extant documents) is currently underway. The final report is expected to be provided at the end of August.

### **Development of the National Injury Prevention Plan—Beyond 2004**

The first draft of the new National Injury Prevention Plan was discussed. Members supported submitting the draft plan to the NPHP meeting in July, seeking endorsement for the plan to be released for public consultation. There was a brief discussion about the consultation and implementation process. These will be further discussed with the sub-committee that is overseeing the development of the new plan.

### **Standards / Legislative Clearing House Project**

It was agreed that the proposal for the Standards/Legislative Clearing House project needs to be revised. A new project proposal is to be circulated to jurisdictions to seek funding for this project.

### **Report from the Injury Conference in Vienna**

Pam Albany mentioned the 7th World Conference on Injury Prevention and Safety Promotion recently held in Vienna. Pam advised that the debate has shifted, with plenary sessions, previously given to science now given over to strategic thinking and planning.

### **WHO Meeting on developing national planning profiles**

The WHO meeting on developing national strategies and planning profiles was held in Geneva last October. The first draft which was discussed at the Vienna meeting is currently being revised and is expected to be available in the near future.

### **Update on Product Safety Issues**

John Wunsch was unable to participate in the teleconference but provided an email update on product safety issues which was circulated to members. Treasury is working on developing a consumer awareness campaign for baby bath safety and baby bathing aids. It is expected that awareness materials will be available within 2 to 3 months. Treasury is also drafting a Regulation Impact Statement for a mandatory safety standard (warnings) for baby bathing aids.

### **ATSIIPAC Update**

A draft National Aboriginal and Torres Strait Islander Safety Promotion Strategy, based on the NSW Aboriginal Safety Promotion Strategy has been developed by the Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIPAC). The draft plan will be provided to the NPHP meeting in July 2004, and will then be released for public consultation.

### **Next meeting**

The next face to face meeting is to be held in Mackay, Queensland on 14 September 2004.



# In the journals—recent Australian and New Zealand injury research

## Recreation, sports and physical activity:

- Braham R, Finch CF, McIntosh A, McCrory P. Community level Australian Football: a profile of injuries. *Journal for Science and Medicine in Sport* 2004; 7(1): 96-105.
- Braham R, Finch C, McCrory P. Non-participation in sports injury research: why football players choose not to be involved. *British Journal of Sports Medicine* 2004; 38(2): 238-239.
- Bladin C, McCrory P, Pogorzelski A. Snowboarding injuries: current trends and future directions. *Sports Medicine* 2004; 34(2): 133-139.
- Chalmers DJ, Simpson JC, Depree R. Tackling rugby injury: lessons learned from the implementation of a five-year sports injury prevention program. *Journal for Science and Medicine in Sport* 2004; 7(1): 74-84.
- Eime R, Finch C, Owen N, Gifford S, Vear P. Knowledge, beliefs and attitudes of squash venue operators relating to use of protective eyewear. *Injury Control & Safety Promotion* 2004; 11(1): 47-53.
- Emery CA. Is there a clinical standing balance measurement appropriate for use in sports medicine? A review of the literature. *Journal for Science and Medicine in Sport* 2003; 6(4): 492-504.
- Finch CF, McIntosh AS, McCrory P, Zazryn T. A pilot study of the attitudes of Australian rules footballers towards protective headgear. *Journal for Science and Medicine in Sport* 2003; 6(4): 505-511.
- Fong CP, Hood N. A pediatric trauma study of scooter injuries. Fong CP, Hood N. *Emergency Medicine Australasia* 2004; 16(2): 139-144.
- Gabbe BJ, Finch CF, Wajswelner H, Bennell KL. Predictors of Lower Extremity Injuries at the Community Level of Australian Football. *Clinical Journal of Sports Medicine* 2004; 14(2): 56-63.
- Haylen PT. Spinal injuries in rugby union, 1970-2003: lessons and responsibilities. *Medical Journal of Australia* 2004; 181(1): 48-50.
- Nicholls RL, Elliott BC, Miller K. Impact injuries in baseball: prevalence, etiology and the role of equipment performance. *Sports Medicine* 2004; 34(1): 17-25.
- Sherker S, Ozanne-Smith J. Are current playground safety standards adequate for preventing arm fractures? *Medical Journal of Australia* 2004; 180(11): 562-565.
- Sherrington C, Lord SR, Finch CF. Physical activity interventions to prevent falls among older people: update of the evidence. *J Sci Med Sport* 2004; 7(1 Suppl): 43-51.
- Sherrard J, Lenne M, Cassell E, Stokes M, Ozanne-Smith J. Injury prevention during physical activity in the Australian Defence Force. *Journal for Science and Medicine in Sport* 2004; 7(1): 106-117.

## Home and consumer products:

- Gunatilaka AH, Sherker S, Ozanne-Smith J. Comparative performance of playground surfacing materials including conditions of extreme non-compliance. *Injury Prevention* 2004; 10(3): 174-179.

## Community based prevention

- Spinks A, Turner C, McClure R, Nixon J. Community based prevention programs targeting all injuries for children. *Injury Prevention* 2004; 10(3): 180-185.

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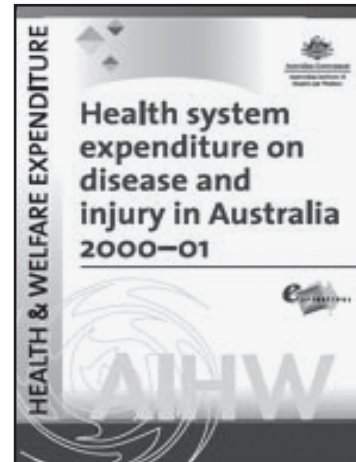
As on previous occasions, we have made use of the excellent Internet resource [www.safetynet.org](http://www.safetynet.org) in compiling this list of citations.

# Something to read ...?



## Australia's Health 2004

The latest in the AIHW's series, Australia's Health, was released recently. As previously, the publication contains a section on injuries. Copies can be downloaded from [www.aihw.gov.au/publications/index.cfm/title/10014](http://www.aihw.gov.au/publications/index.cfm/title/10014). Printed versions can be purchased for \$55 from CanPrint, Tel: 1300 889 873, Fax: 02 6293 8333; E-mail: [sales@infoservices.com.au](mailto:sales@infoservices.com.au) (AIHW Cat. No. AUS-44; ABS Cat. No. 8903.0).



## Health system expenditure on disease and injury in Australia, 2000-01

This publication presents estimates of health expenditure on disease and injury in Australia in 2000-01, classified by disease or injury group, age and sex. The estimates are available by area of expenditure—hospitals, high-level residential aged care, medical services, other professional services, pharmaceuticals and research. Copies can be downloaded at [www.aihw.gov.au/publications/index.cfm/find/health%20system%20expenditure](http://www.aihw.gov.au/publications/index.cfm/find/health%20system%20expenditure). Printed copies cost \$25 and can be purchased from CanPrint, Tel: 1300 889 873, Fax: 02 6293 8333; E-mail: [sales@infoservices.com.au](mailto:sales@infoservices.com.au) (AIHW Cat. No. HWE-26)

## Editor's Note

The *Injury Issues Monitor* is the journal of the Research Centre for Injury Studies at the Flinders University of South Australia.

Letters to the Editor are welcome.  
Editor: Renate Kreisfeld

Mark Oliphant Building, Laffer Drive,  
Bedford Park, SA 5042, Tel: 08 8374 0970;  
Fax: 08 8374 0702;

E-mail: [renate.kreisfeld@nisu.flinders.edu.au](mailto:renate.kreisfeld@nisu.flinders.edu.au)



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- 5 US Consumer Safety Commission, *Consumer Product Safety Review*. Summer 2004. Vol. 9, No. 1. (Document can be downloaded from [www.cpsc.gov/cpsc/pub/pubs/cpsr\\_nws33.pdf](http://www.cpsc.gov/cpsc/pub/pubs/cpsr_nws33.pdf))



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

## **2nd International Conference WORKINGonSAFETY.net**

31 August to 3 September 2004

Dresden, Germany

Contact: WOS 2 Conference Secretariat,  
Koenigsbruecker Landstrasse 2, D-01109 Dresden,  
Germany Fax: +49 351 457 20 1106 E-Mail:  
wos@hvb.g.de Website: [www.workingonsafety.net](http://www.workingonsafety.net)

## **5th International Summit: Healing our Spirit Worldwide**

1-5 September 2004

Cairns, Queensland

Contact: Conference secretariat,  
Tel: +61 7 5471 3161,  
E-mail: [indigenousconventions@westnet.com.au](mailto:indigenousconventions@westnet.com.au) Website: [www.indigenousconferences.com.au](http://www.indigenousconferences.com.au)

## **Course: Chronic Condition Self-Managing Certificate of Competence**

7-8 September 2004

Adelaide

Contact: Anthea Williams, Flinders University of  
South Australia Tel: 08 8293 3541, E-mail: [anthea.williams@fmc.sa.gov.au](mailto:anthea.williams@fmc.sa.gov.au)

## **European Congress of Epidemiology**

8-11 September 2004

Porto, Portugal

Contact: Prof Hernani Monteiro, European  
Congress of Epidemiology, Department of  
Hygiene & Epidemiology, University of Porto  
Medical School, Tel: +35 122 550 7597,  
E-mail: [euroepi@euroepi2004.org](mailto:euroepi@euroepi2004.org) Website: [www.euroepi2004.org](http://www.euroepi2004.org)

## **Australian Conference of Ambulance Professionals Conference 2004**

9-11 September 2004

Alice Springs, Northern Territory

Contact: ACAP 2004 Conference Secretariat  
Tel: 08 8922 6232.

## **Workshop: Consumer Feedback**

10 September 2004

Adelaide

Contact: South Australian Community Health  
Research Unit, Flinders University,  
Tel: 08 8204 5988, Fax: 08 8374 0230

## **10th Annual National Health Outcomes Conference**

15-16 September 2004

Canberra

Contact: Lorna Tilley, Health Outcomes  
Conference Secretariat, Tel: +61 2 6205 0869,  
E-mail: [lorna.tilley@act.gov.au](mailto:lorna.tilley@act.gov.au) Website: [www.uow.edu.au/commerce/ahoc](http://www.uow.edu.au/commerce/ahoc)

## **7th Australian Injury Prevention Conference and Pacific Rim Safe Communities Conference**

15-17 September 2004

Mackay, Queensland

Contact: Maria Lamari, Conference Secretariat,  
PO Box 3090, Norman Park QLD 4170,  
Fax: +617 3847 2148, Website: [www.nisu.flinders.edu.au/aipn/conference2004.html](http://www.nisu.flinders.edu.au/aipn/conference2004.html)

## **2004 Australian Conference of Science and Medicine in Sport**

7-9 October 2004

Alice Springs, Northern Territory

Contact: Rainer Wilton, Conference Manager,  
Sports Medicine Australia PO Box 237,  
Dickson ACT 2602, Tel: +61 2 6230 4650  
Fax: +61 2 6230 5908, E-mail: [sma.conf@sma.org.au](mailto:sma.conf@sma.org.au)

## **Workshop: Evaluation**

8 October 2004

Adelaide

Contact: South Australian Community Health  
Research Unit, Tel: 08 8204 5988,  
Fax: 08 8374 0230 Website: [www.sma.org.au/acsms/2004/](http://www.sma.org.au/acsms/2004/)

## **Workshop: Evaluating Arts and Health**

8 October 2004

Adelaide

Contact: South Australian Community Health  
Research Unit, Flinders University,  
Tel: 08 8204 5988, Fax: 08 8374 0230

## **Inaugural meeting of Stata Users**

10 October 2004

Adelaide

Contact: SAPMEA Conventions, Website: [www.sapmea.asn.au/conventions/stata04/](http://www.sapmea.asn.au/conventions/stata04/)

## **Annual Conference of the Australasian Epidemiological Association**

11-12 October 2004

Adelaide

Contact: SAPMEA Conventions, Website: [www.sapmea.asn.au/aea2004](http://www.sapmea.asn.au/aea2004)

## **Workshop: Population Health, Planning and Spatial Perspectives**

5 November 2004

Adelaide

Contact: South Australian Community Health  
Research Unit, Flinders University,  
Tel: 08 8204 5988, Fax: 08 8374 0230

## **Road Safety Research, Policing and Education Conference**

14-16 November 2004

Perth, Western Australia

Contact: Impact Communications Pty Ltd,  
Tel: +61 8 9227 0233, E-mail: [roadsafety@impcom.com.au](mailto:roadsafety@impcom.com.au)

## **Definitive Surgical Trauma Care Course**

16-17 November 2004

Melbourne, Victoria

Contact: Lyn Journeaux, Royal Australasian  
College of Surgeons, Tel: +61 3 9276 7448,  
Fax: +61 3 9249 1298, E-mail: [lyn.journeaux@surgeons.org](mailto:lyn.journeaux@surgeons.org)

## **Australian and New Zealand Spinal Cord Society Annual Meeting**

18-20 November 2004

Adelaide

Contact: SAPMEA Conventions,  
Tel: +618 8274 6060, E-mail: [anzscos@sapmea.asn.au](mailto:anzscos@sapmea.asn.au) Website: [www.sapmea.asn.au/anzscos](http://www.sapmea.asn.au/anzscos)

## **1st Australian Falls Prevention Conference**

21-23 November 2004

Sydney, New South Wales

Contact: Annie Butler, Prince of Wales Medical  
Research Institute, Fax: +61 2 9399 1005, E-mail:  
[a.butler@unsw.edu.au](mailto:a.butler@unsw.edu.au) Website: [powmri.unsw.edu.au/AFP2004](http://powmri.unsw.edu.au/AFP2004)

## **Joint Meeting of the Middle East Burn and Fire Disaster Society & The Plastic and Reconstructive Surgery Department of Ain Shams University**

23-25 November 2004

Cairo, Egypt

Contact: Secretariat, Tel: +90 312 222 23 25,  
Fax: +90 312 215 08 35,  
E-mail: [cairoburns@baskent-ank.edu.tr](mailto:cairoburns@baskent-ank.edu.tr)  
Website: [www.impcom.com.au/roadsafetyconference2004/](http://www.impcom.com.au/roadsafetyconference2004/)

## **Crime in Australia: International Connections**

29-30 November 2004

Melbourne

Contact: Marianne James, Australian Institute of  
Criminology, Tel: +61 2 6260 9242,  
E-mail: [marianne.james@aic.gov.au](mailto:marianne.james@aic.gov.au)  
Website: [www.aic.gov.au](http://www.aic.gov.au)

## **Asia-Pacific Conference on Public Health**

29 November to 3 December 2004

Brisbane, Queensland

Contact: Brian Oldenburg, School of Public  
Health, Queensland University of Technology,  
Tel: +61 7 3864 3925, E-mail: [b.oldenburg@qut.edu.au](mailto:b.oldenburg@qut.edu.au)  
Website: [www.apacph.org](http://www.apacph.org)

## **9th National Centre for Classification in Health Conference**

27 March 2005

Perth

Deadline for abstracts: 24 September 2004.  
Contact: Tina Stanhope, National Centre for  
Classification in Health, Tel: +61 2 9351 9648,  
E-mail: [t.stanhope@fhs.usyd.edu.au](mailto:t.stanhope@fhs.usyd.edu.au) Website: [www.fhs.usyd.edu.au/hcch](http://www.fhs.usyd.edu.au/hcch)

## **5th International Course: Global Burden of Injury**

18-22 April 2005

Stockholm, Sweden

Contact: Moa Sundstrom, Karolinska Institute,  
Tel: +46 8 517 779 48, E-mail: [moa.sundstrom@smd.sll.se](mailto:moa.sundstrom@smd.sll.se)

## **Fourth National Sports Injury Prevention Conference**

15-16 October 2005

Melbourne

Contact: Gary Moorhead, Sports Medicine  
Australia, Tel: Fax: +61 2 6230 5908, E-mail: [gary.moorhead@sma.org.au](mailto:gary.moorhead@sma.org.au)

## **8th World Conference on Injury Prevention and Safety Promotion**

19-22 March 2006

Johannesburg, South Africa

Contact: Conference Secretariat,  
Tel: +27 12 4812094, Fax: +27 12 4812112,  
E-Mail: [sec@safety2006.info](mailto:sec@safety2006.info)  
Website: [www.safety2006.info](http://www.safety2006.info)