

Surveillance of eventing to go national



Rider and horse negotiating a log jump

A number of deaths of leading riders in Britain and Australia, during the late 1990s, sparked concern about safety issues associated with cross country eventing. These deaths also prompted the Safety Committee of the Fédération Equestre Internationale (FEI)—the international eventing body—to recommend the need for an international surveillance system to monitor falls during this sport. The first cab off the rank in introducing such surveillance was our own Ray Cripps who, together with a small team of interested people, set about piloting the surveillance of eventing in South Australia and New South Wales.

Monitor 20 carried an item about the pilot project which aimed to test the feasibility of a national surveillance program to monitor equestrian injury during the cross country phase of eventing, and to investigate its causes. The pilot project was a collaboration between the Research Centre for Injury Studies and the Equestrian Federation of Australia (EFA) with funding provided by the Rural Industries Research Development Corporation (RIRDC) and the EFA. In addition to Ray Cripps, the steering committee for the project comprised EFA representatives Hilarie Pagano and Denzil O'Brien, and a NSW veterinarian with a long-standing interest in this sport, Dr Rod Hoare.

What is eventing?

Eventing has its origins as a military test for cavalry officers and their horses. It is a complex and highly structured sport and a very thorough test of both horse and rider. The horses that participate in eventing must be versatile, bold and athletic.

The sport of eventing incorporates three parts: a dressage test; a show jumping phase and a cross country phase. It is the latter phase which can be particularly hazardous for both horses and riders. International regulations specify the nature and height

of jumps, the length of the course and the speed at which it is ridden. The obstacles included in the course are often highly challenging—they can reach a maximum height of 1.2 metres and have a maximum spread, at their base, of 2.7 metres. The maximum drop after a jump is 2 metres. Such dimensions, in combination with the average height of an eventing horse—1.7 metres—means that when falls do occur, they are from a considerable height. In addition, the speed at which contestants travel around the course can reach 40 km per hour. The cross-country phase of eventing is also very demanding in that it can include up to 45 jumping efforts. The particular requirements for each course will vary according to the class of horse, which is in turn determined by the horse's past performance. There are seven classes based on the horses' previous experience: Introductory, Preliminary, Pre-novice, Novice, Open novice, Intermediate and Advanced.

The level of exposure to risk of injury among riders is greater than it may appear to be at first glance. Although each horse only negotiates the course once during an event, riders generally undertake multiple rides. There is State to State variation in the number of rides allowed. In most other respects, the rules of eventing are fairly standard nationally.

All riders are required to wear an Australian Standards approved safety helmet and appropriate riding boots. The use of other safety equipment, such as body protectors and safety stirrups, is optional.

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Surveillance of eventing to go national

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Australian pilot study—Preliminary results

Preliminary results of the pilot study have recently become available.

The pilot study was undertaken in both South Australia and New South Wales during the 2001 eventing season. Central to the study was a 6-page questionnaire, which attracted an 81% response rate, clearly demonstrating the high level of interest in the project. The questionnaire sought information about the fall event and any associated injuries sustained by either horse or rider. It also asked about riders' previous injury history, riding experience, and exposure, as well as their use of safety equipment.

During the 2001 NSW eventing season, 3,307 starters participated in 79,143 jumping efforts for the cross country phase of eventing. Across all classes, there was a total of 113 falls, in 98 of which the rider fell from the horse. In the remaining 15 cases, both horse and rider fell.

In NSW, across all classes, there were 1.4 falls for every 1,000 jumping efforts.

During the 2001 South Australian season, 867 starters in 23,506 jumping efforts. Across all classes there was a total of 56 falls. In 41 cases, the rider fell from the horse. The remaining 15 cases involved both horse and rider falling during the event. Across all classes, there were 2.4 falls for every 1,000 jumping efforts. It is not known, at this stage, why the rate for SA was substantially higher than that for NSW; factors such as course design can play a role. It is hoped that further analyses of the

data collected in the pilot will help to explain this difference.

For both States, injuries were most frequently sustained by riders while taking Log jumps (23%) and Water jumps (13%). In 80% of cases, falls occurred when horse and rider were attempting to jump an obstacle. The combined number of falls for the 2001 NSW and SA seasons was n=169. Of these, 71 injuries were sustained by the riders. The most common types of injury were Sprain/muscle pull (21%), Abrasion/graze (15%), Bruise/contusion (15%), Concussion/loss of consciousness (14%), and information/swelling (14%). Although most of the injuries sustained were comparatively minor, the frequency of injuries to the head 13/66 (20%) is cause for concern. The fall surface was most often grass or lawn.

What next?

The investigators have just received the good news that the RIRDC will provide funding for a two-year program of national surveillance of the cross country phase of eventing. While the RIRDC funds will enable a basic level of monitoring to proceed, the investigators are hopeful of attracting additional funding from other sources. In the meantime, the investigators continue to analyse the data from the pilot research for all that can be learned about preventing injury in this branch of equestrian sport.

For further information about this project, contact Raymond Cripps at RCIS, Tel: 08 8374 0970; E-mail: raymond.cripps@nisu.flinders.edu.au



WHO releases injury surveillance guidelines

The World Health Organization's Injury and Violence Prevention Department recently developed a manual, *Injury Surveillance Guidelines*. The manual is the product of a broad international collaboration between many agencies. Specifically, it has drawn on the expertise of staff of the US Centers for Disease Control and Prevention (CDC), and has benefitted from the input of experts from other organisations in more than 50 countries, across all continents, who have commented on draft versions of the manual. The work has taken two years to complete.

The aim of this *Manual* is to help people to design, establish and maintain good injury surveillance systems. It is aimed at researchers and practitioners and has the purpose of providing practical advice on how to develop information systems for the systematic collection of data on injuries. Although the *Manual* is applicable to all settings, includes a particular focus on settings where resources are scarce. For such settings, the *Manual* provides practical guidance in setting up a system to collect, code and process data even if there is no electronic equipment, few staff, and/or staff who have many other

demands on their time, or have expertise in research.

As well as a brief overview of its aims and objectives, and an introduction to the terms, analytical tools and methods used by injury surveillance specialists, the *Manual* takes the reader, step-by-step, through the processes of designing an injury surveillance system. Individual modules for the surveillance of different types of injury at varying levels of detail, from core data through to the optional add-ons, are presented.

For each module, sample forms for recording information on individual cases and for assembling that information into a data set are given. Further example sample forms are provided in the Appendices, and are referred to as appropriate.

Printed copies of the *Injury Surveillance Guidelines* can be ordered from the Injuries and Violence Prevention Department, Non-communicable Diseases and Mental Health Cluster, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland, Fax: 0041 22 791 4332; E-mail: pvi@who.int A pdf version of the manual can be downloaded from www.who.int/violence_injury_prevention/surveillance.htm

Two new mandatory product standards

From time to time, the Commonwealth declares mandatory standards aimed at protecting consumers against injury from hazardous products.

There are two types of mandatory product standard: **Safety Standards** which require goods to comply with particular performance, composition, contents, methods of manufacture or processing, design, construction, finish or packaging rules (e.g. construction of toys for children under three years); and **Information Standards** which require prescribed information to be given to consumers when they purchase specified goods (e.g. labelling for tobacco products and garments). Further details, including a list of all current mandatory standards is available at the website for the Australian Competition and Consumer Commission (ACCC) which has responsibility for enforcing them: [www.accc.gov.au/product_safety/fs-](http://www.accc.gov.au/product_safety/fs-product_safety.htm)

[product_safety.htm](http://www.accc.gov.au/product_safety/fs-product_safety.htm)

A new mandatory standard has recently been declared to cover the design and manufacture of bunk beds. The introduction of a second mandatory standard, for babywalkers, has been fore-

shadowed for later this year. The basic provisions of these two standards are described below, along with two very different points of view about the usefulness of introducing a standard for babywalkers.

New mandatory standard for bunk beds

A new mandatory safety standard has been declared by the Federal Minister for Financial Services and Regulation. The standard, which will come into effect on 1 November 2002, has been introduced to address the long-standing problem of child injuries associated with bunk beds, and makes mandatory the key safety features of the current Australia/New Zealand Standard for bunk beds, AS/NZS

4220:1994, for the provision of guard rails to the upper bunk and the elimination of head entrapments in the bunk bed structure.

For further information, contact John Wunsch, Manager of the Safety Policy Unit in the Consumer Affairs Division of The Treasury, Tel: 02 6263 3961; E-mail: recalls@recalls.gov.au

New babywalker standard

A mandatory consumer product safety standard for baby walkers will be declared by regulation under the *Trade Practices Act* later this year. The new mandatory standard will be modelled on the ASTM standard from the United States¹. Compliance with the ASTM standard in the US requires all walkers manufactured after 31 June 1997 to have a braking mechanism that is designed to stop the walker if one or more wheels drops off the riding surface, such as at the top of a stairway.²

In November 2001, the Consumer Affairs Division of the Department of Treasury released a Draft Regulation Impact Statement in relation to its proposed mandatory standard. The statement included the finding that 70-80% of babywalkers on the market at that time were already complying with the US ASTM safety standard. This would be due, to a large extent, to the introduction of a mandatory regulation which came into effect in New South Wales on 1 September 2000.

Introduction of the Australian mandatory standard will be accompanied by an awareness raising campaign which will include the publication of information on product safety websites and in brochures for distribution to parents and other carers, babywalker suppliers, and child safety agencies.

The prevention of injuries associated with babywalkers has been the subject of debate for some years. Choosing the correct response continues to be a vexed issue and seems set to remain one.

Further information is available from Tim Pulford of the Safety Policy Unit in the Consumer Affairs Division of The Treasury, Tel: 02 6263 3279 (Tuesday to Thursday), E-mail: tpulford@treasury.gov.au

Comment by

Peter Thompson

Injury Epidemiologist

Something is not necessarily better than nothing

There is one thing worse than doing nothing, and that is to do something that is ineffective. The tragedy is that it will be assumed to be effective until finally proved otherwise. This process could take up to ten years and, in the case of the proposed Federal babywalker regulation, up to 250 babies per year will be unnecessarily injured in this country.

I am not suggesting that the proposed regulation is totally ineffective, but it is far from what is required to counter this internationally acknowledged epidemic.

Some interventions, such as the proposed babywalker regulation, can be evaluated by comparing historical injury data to the components within the regulation designed to prevent injury. A sample of 381 babywalker injuries that presented to the emergency departments of hospitals in South Australia and Victoria were examined to see if the proposed regulation would have been effective in preventing all or any of the injuries.

The hunch of many of the supporters of the regulation is that almost all walker injuries are caused by falls down steps and stairs which the regulation is designed to prevent. The detailed injury data show that only 42% of the cases made mention of steps and stairs and only 7.5% of these were subsequently admitted following initial treatment.

The walker provides the user mobility to reach other hazards such as stoves, power points, ashtrays, kettle cords and many others. This category of hazard

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Two new mandatory product standards

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Response from Ian Scott

Child injury researcher and advocate
(formerly Director of Policy for Kidsafe Australia)

Babywalkers: Assessing whether “Something” is worth doing

This note concerns the adoption of the American (ASTM F977-96) standard as a legal requirement for babywalkers sold in Australia. There have been mandatory standards in the US since 1977 relating to shear points and collapse, the voluntary standard was revised to include performance standards for infant walkers to prevent falls down stairs. To comply, walkers must be wider than a 36-in doorway or must have a braking mechanism designed to stop the walker if one or more wheels drop off the riding surface, such as at the top of a stairway. The requirement operated in America from 1 July 1997.

The US data on injuries stresses the significance of falls down stairs, as does the Australia data analysis from Monash University Research Centre (50% of injuries resulted from a fall down stairs, falling off the verandah or tipping over; 66% of injuries resulted from a fall³). The new work by Peter Thompson indicates that these incidents might constitute a much smaller proportion of significant injury than we thought.

Babywalkers have been known to be a problem for twenty years—with the high rate of severe injuries from tipping over and child access to hazards such as stoves they have been the despair of those involved in child health safety^{4,5}. They continue to be sold, passed on in families (industry estimates are that something like 40% are secondhand) and to be used (it was estimated that in 1994 there were 40,000 in use). The Australian Bureau of Statistics “Home Safety Survey” indicates that, in the early 1990s, 30% of households with a child under one year had a babywalker⁶.

The question of what to do about walkers contains a number of difficulties and uncertainties. Advice from safety groups, such as Kidsafe, continues to be that babywalkers should not be used. One practical difficulty comes from the fact that walkers continue to be used by parents, despite a decade of such advice, continued adverse publicity (59% of parents in a US survey report that they knew there was a risk of injury *before* their child was injured and one third continued to use the walker *after* an injury⁷). The products continue to be supplied by companies because parents demand them. Warning labels on the product and public education have been spectacularly unsuccessful—industry sources indicate that the number of products in use has gone up. Lobbying efforts to have the products

banned have been rebuffed—despite Ministerial sympathy at the Commonwealth level—on the grounds that the power to ban did not, for technical reasons, cover this situation.

There has been a reduction over time in babywalker injuries in the US, a reduction that has occurred at the same time as the new walkers have come on the market. According to the National Electronic Injury Surveillance System (NEISS) of the US Consumer Product Safety Commission (CPSC), “an estimated 8,800 children younger than 15 months were treated in hospital emergency departments in the United States in 1999 for injuries associated with the use of infant walkers. This represents a 56% decrease in these injuries since 1995, when 20,100 injuries were reported”.

The new analysis of Victorian and South Australian data shows that only about one in thirteen admissions to hospital directly mention situations that the ASTM babywalkers are likely to prevent⁹. So the question is, should the standard be required by law if it only deals with a small proportion of injury?

The arguments in favour of mandating the ASTM standard seem to me to be strong.

There is no doubt that the walkers built to the standard are likely to reduce the hazard represented by tipping over and to prevent some severe injuries. Most of the products that conform to the ASTM standard also contain design features that will prevent other injuries—limitations on the direction and speed of movement, wider bases that restrict child access to hazards and so on. Alternative means of change are unlikely—there is no standard to serve as an alternative to the ASTM, a new standard would need to be written; there is no current prospect of a product ban. The nursery product industry is supportive of mandatory requirements, it supports this standard. The ASTM standard appears to be a necessary step in the process of change—the nursery industry association has indicated it is prepared to adopt other measures if/when it can be shown that injuries are occurring in the ASTM products.

While safety organisations would prefer babywalkers not be used, or for industry to voluntarily withdraw them from the market, this is not going to happen. Adoption of the ASTM standard will not solve all the issues

but it is a means of moving forward in a deadlocked situation.

Ian Scott can be contacted via E-mail:
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Comment by Peter Thompson

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contributes 23% of the injuries, of which 27% were admitted of hospital. The proposed regulation has no effect on this significant portion of the overall babywalker toll and in particular the serious (admitted) cases. Indeed this category contributes nearly one half (46%) of all admitted babywalker victims!

Achieving any consumer regulation in this country is quite an achievement, but this one, as appealing as it may seem at first, just does not add up. It simply misses one half of the most serious injuries and always will. It would seem we have support for a mandatory regulation, then why not make it a worthwhile one? The answer is a mandatory ban of all babywalkers as has been called for worldwide for at least a decade. The only exemption would be stationary activity centres where the baby can merely rotate, or walkers that travel only a very short distance in any direction from an initial starting point.

Marginally effective regulations that fit the category of “something being better than nothing” have yet another serious disadvantage. Inevitably, complying products will be promoted as “SAFETY APPROVED”. This, then, is likely to be associated with a reduction in vigilance by the parent or care-giver to the extent that any safety advantage is lost.

Peter Thompson can be contacted on Tel: 08 8226 6279; E-mail:
peter.thompson@dhs.sa.gov.au

New injury researchers' network

Joan Ozanne-Smith
Monash University Accident Research Centre

A two-day workshop was held at the Monash University Accident Research Centre on 26 and 27 March 2002 to discuss future strategic directions for injury prevention research, funding sources and networking opportunities in Australia. Around 20 people accepted an invitation to participate in the discussion.

The Workshop gave participants the opportunity to explore and clarify the purpose, issues, challenges and future of injury prevention research. A summary of the main outcomes of the discussions follows:

IPRI is established ...

A major outcome of the workshop was the establishment of a formal network of leaders of injury prevention research institutions: Injury Prevention Research Institutions (IPRI) of Australasia. It was recognised that the opportunity for regular communication between leading researchers would be of great value to the development of injury prevention research. Although the full scope of the group was not resolved, support was expressed for regular meetings of leaders at least annually and preferably twice yearly.

It was also considered that, in addition to leaders' meetings, there would be considerable benefit in establishing some form of communication and collaboration more broadly, recognising the need for the network to be inclusive of all injury prevention researchers. Consequently, occasional broader research meetings (initiated by leaders) would be conducted to enable the inclusion of a greater range of people from the research institutions and others working in the field.

Purposes of IPRI

The key purposes of the new Network are as follows:

- Address issues of importance to injury prevention research.
- Take a leadership role in setting strategic directions for injury prevention research.
- Provide a common voice to influence and inform advocacy on injury prevention issues.
- Seek to improve funding for injury prevention research, exploring ways of maximising current sources of funding and identifying additional funding avenues or models.
- Explore opportunities for collaborative research, education and training—Australia and beyond.
- Sharing of intelligence, including the "sharing" of international visitors.
- Planning and support of broader research meetings and thematic presentations.
- Encourage and enable an interface with injury prevention researchers in New Zealand.
- Facilitate workforce development strategies, e.g. establishment of a staffing network to minimise loss of expertise to the field and creation of post-doctoral opportunities in the field.
- Sharing of methodological experiences and expertise.

Membership of IPRI

The group will include leaders of injury prevention institutions and research programs whose focus is the primary prevention of injuries of any type, and whose primary job description is injury prevention research.

The foundation members of IPRI are:

Dr Lesley Day, Senior Research Fellow, Monash University Accident Research Centre

Associate Professor Carolyn Finch, Head, Victorian Trauma Registry, Department of Epidemiology and Preventive Medicine, Monash University

Dr Lyn Fragar, Director, Australian Agricultural Health Unit

Associate Professor James Harrison, Director, Research Centre for Injury Studies, Flinders University of South Australia

Professor Ian Johnston, Director, Monash University Accident Research Centre

Professor John Langley, Director, Injury Prevention Research Unit, University of Otago, New Zealand

Associate Professor Stephen Lord, Principal, Research Fellow, Prince of Wales Medical Research Institute

Associate Professor Rod McClure, CEO, Injury Prevention and Control (Australia) Ltd; Head, Injury Prevention Unit, School of Population Health, University of Queensland

Professor Robyn Norton, Co-director, Institute of International Health, University of Sydney

Professor Joan Ozanne-Smith, Chair of Injury Prevention, Monash University Accident Research Centre

Associate Professor Mark Stevenson, Director, Injury Research Centre, University of Western Australia.

Dr Ann Williamson, Director, NSW Injury Risk Management Research Centre, University of New South Wales

It was recognised that other organisations exist which may share the aims of the new network. IPRI will invite their participation.

Future Directions

Two future meetings were scheduled at the Workshop. The first is expected to occur at the time of the 2002 Road Safety Research, Policing and Education Conference being held in Adelaide on 3-5 November. A further meeting will take place in Perth in association with the 6th National Injury Conference to be held in Perth in 2003.

Further Information

The Monash University Accident Research Centre, which hosted the Workshop, will initially provide secretariat support for IPRI.

Anyone seeking further information about the new Network can contact Joan Ozanne-Smith at MUARC, Tel: 03 9905 1810; E-mail: joan.ozanne-smith@general.monash.edu.au

A bright idea

Protective headband for car occupants



The Road Accident Research Unit at the University of Adelaide has been evaluating the concept of a protective headband for car occupants. In about half of the cases of occupant head injury in crashes investigated by the Unit, head impacts occurred to the region that would be covered by a protective headband, such as the one illustrated. The Unit has estimated that such protection would have improved the outcome for approximately 10-20% of the occupants who sustained a brain injury, including preventing the brain injury altogether in some cases.

The Unit continues to develop and test materials and designs for the headband. We hope to release a full report on its effectiveness in mid 2002. For more information, visit: www.atsb.gov.au/road/rpts/cr205/index.cfm

State and Territory News

The most recent edition of *National Public Health Partnership News* (Spring 2001) featured a four page 'Round-up on Injury', providing a snapshot of activities directed towards injury prevention in State and Territory Health departments. For readers interested in gaining an insight into the various initiatives with State and Territory jurisdictions, a pdf version of *NPHP News* can be downloaded from <http://hna.ffh.vic.gov.au/nphp/spring01/spring01.pdf>. Below, we've also included some additional information provided to us by State and Territory Health representatives, together with contact details.

Wanted

Enthusiastic volunteers

to assist members of the Public Health Association of Australasia's Injury Prevention Special Interest Group (SIG) in revising 6 existing PHAA injury-related policies:

- Swimming pool fencing
- Hot water temperature scalds and hot water burns
- Firearms
- Head injury prevention
- Injury—a public health problem
- Injury prevention—Responsibility of health agencies.

A team approach will be used. If you're interested, contact Beth Fuller, Convenor of the PHAA Injury Prevention SIG, Tel: 02 6553 1804, E-mail: beth@tsn.cc

First MAE graduate in injury



Helen Thomas recently completed her Master of Applied Epidemiology (MAE) degree at the Australian National University's National Centre for Epidemiology and Population Health (NCEPH). Helen is the first of their graduates to have focussed her studies on injury control.

Students enrolled in the two-year program spend the majority of their time at an appropriate public-health agency. Continuing a lengthy tradition of training injury control professionals, Ron Somers' Injury Research and Control Unit in the SA Department of Human Services provided Helen with her base. Successful applicants for the MAE course—resident in Australia or New Zealand—receive full-time scholarships as well as funding for travel costs associated with their course work and attendance at some conferences. MAE scholarships are advertised nationally between July and October each year for commencement in the following March. Further details about the program are available on the Internet: www-nceph.anu.edu.au/teaching.htm or by phoning the Executive Officer of NCEPH, Tel: 02 6125 5613.

New Victorian initiatives

Below is a snapshot of some new key Victorian Injury Prevention Program initiatives.

- A new *Injury Prevention Research Officer* position has been established at the Victorian Coroner's Court to undertake intervention-based research into coronial files on a range of unintentional injury prevention issues.
- A new 18-month program, *SafeStart*, that aims to test the approach of engaging local communities in the management and implementation of proven interventions as a way to build long term local government and community level focus and capacity to respond to unintentional injury issues.
- Victoria is about to embark on a major research funding program focused on intervention research. The redevelopment of a *Child Injury Prevention Action Plan for Victoria* is currently underway.
- A new *Modelling Of Emergency Demand For Injury Prevention Project*. The project will apply the *Victorian Ambulatory Care Sensitive Conditions (ACSC)* modelling methodology to injury conditions. The ACSC model was developed by the Victorian Department of Human Services.
- The 2002 *Victorian Public Health Survey (CATI)* will have an injury component.

For further information on any of the above, contact Nicola Rabot, Department of Human Services; Tel: 03 9637 4251; E-mail: nicola.rabot@dhs.vic.gov.au

Central Sydney Tai Chi trial

The Central Sydney Tai Chi Trial is a randomised controlled field trial investigating the effectiveness of Tai Chi as a falls prevention strategy for older people. The trial has been funded by the NSW Health Promotion Research Grant Scheme for 2½ years and is due for completion in late 2003.

The target group is community-dwelling older people aged over 60, recruited primarily through advertisements in local newspapers. Subjects are randomly allocated to either an intervention group or a waiting-list control group. The Tai Chi intervention consists of 16-weeks of modified Tai Chi classes. In order to replicate Tai Chi classes as found in the community, the Tai Chi used in this trial has not been standardised. However, all instructors are highly experienced in their style of Tai Chi, and have previously worked with older people. The primary outcome measures will be time to first fall and fall-rates over a six-month period.

For further information contact Alex Voukelatos, Tel: 02 9515 3358; E-mail: avouk@hpu.rpa.cs.nsw.gov.au

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Women and Road Safety Project

The *Women and Road Safety Project*, a qualitative study, grew out of concerns expressed by New England women about the high rates of motor vehicle traffic accidents for females in their area during community consultations in 1999. New England Area Health Service (NEAHS) demographic data as well as standardised mortality rates from motor vehicle traffic accidents for females show that NEAHS rates are higher than the State average.

The Project will investigate a range of determinants leading to motor vehicle traffic accidents involving women in the New England Area.

Key stakeholders for the project are the New England Research Institute, New England Rural Training Unit, Tamworth City and Armidale Dumaresq Council Road Safety Officers, NSW Police, Ambulance NSW, Tamworth Road Safety Committee, New England Injury Prevention Forum, Tamworth Local Court - Coroner's Office, Roads and Traffic Authority, NRMA, Australian Centre for Agricultural Health and Safety, New England Chapter of Australian College of Road Safety, New England Area Health Service, Local Governments, community representatives, and researchers from the University of New England and the University of Newcastle.

A first step for the study is to convene a Steering Committee of these key stakeholders to explore questions that address gender as a determinant and relate to the roles of women in rural areas:

- Are women driving or were they passengers?
- Are they going to work? Are women taking children to school?
- Are environmental factors major determinants, e.g. distances, the roads, vehicles, the time of day, length of journey?
- Has there been a significant change in the lives of women in relation to their driving patterns?

It will use action based qualitative research and concurrently combine education and consultation with the community and community capacity building.

A final report will provide important evidence for the development of effective longer term interventions to reduce female injuries and

fatalities from motor vehicle traffic accidents both within the New England Area and throughout NSW.

For further information contact Christine Roberts Tel: 02 6766 2288 or Maggi Daley Tel: 02 6766 2555.

State and Territory Injury Coordinators

Tasmania:

Stan Bordeaux, Department of Health and Human Services, Tel: 03 6233 3774; E-mail: stan.bordeaux@dchs.tas.gov.au

New South Wales:

Pam Albany, NSW Health Department; Tel: 02 9391 9679; E-mail: palba@doh.health.nsw.gov.au

Queensland:

Michael Tilse, Queensland Health; Tel: 07 3234 0622; E-mail: Michael_Tilse@health.qld.gov.au

Western Australia:

Nicole Bennett, Health Department of Western Australia, Tel: 08 9222 2083; E-mail: nicole.bennett@health.wa.gov.au

Australian Capital Territory:

Michael Sparks, Tel: 02 6205 1107; E-mail: michael.sparks@act.gov.au

South Australia:

Ron Somers, Department of Human Services; Tel: 08 8226 6361; E-mail: Ron.Somers@dhs.sa.gov.au

Northern Territory:

Tarun Weeramanthri, Territory Health Services; Tel: 08 8922 8513; E-mail: tarun.weeramanthri@nt.gov.au

Victoria:

Nicola Rabot, Department of Human Services; Tel: 03 9637 4251; E-mail: nicola.rabot@dhs.vic.gov.au

Commonwealth News

There has been a change in the way that injury prevention is being managed in the Commonwealth Department of Health and Ageing. Following a restructure of the Population Health Division, the Injury Prevention Section has been integrated into the Drug Strategy and Health Promotion Branch.

The new Section is called Alcohol, Substance Misuse and Injury Prevention. The name reflects the increasing interest in the links between risk taking behaviour, alcohol and substance misuse, and injury. The new structure allows a more targeted approach to these issues while maintaining the current approach to implementing the National Injury Prevention Plan. The Section will maintain its role as Secretariat to the Strategic Injury Prevention Partnership (SIPP) and also to the Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIIPAC).

Meanwhile, the *National Falls Prevention for Older People Initiative* continues to implement the Commonwealth's obligations to this important issue under the *National Injury Prevention Plan*. The Initiative now operates within the Preventive Health Services and Food Policy Branch, previously the Primary Prevention and Early Detection Branch, as part of the new Community Interface Section. The Initiative is focussing on showcasing best practice through the Community Demonstration Projects now being established. It is also influencing best practice in the health system, continuing to draw upon its role as part of the *Enhanced Primary Care (EPC) Package*, in particular its links to the EPC MBS items.

For further information, contact Paul Sayers at the Department of Health and Ageing, Tel: 02 6289 8074; E-mail: paul.sayers@health.gov.au

Obituary

Struan Sutherland: Pioneer in researching bites and stings

born 17 June 1936 died 11 January 2002

Perhaps most famous to the injury community as the man who developed the pressure-immobilisation first aid technique, Struan Sutherland passed away in Melbourne in January, 2002. He will be remembered as a passionate bite and sting injury researcher as well as a strong advocate for the practical implementation of such research. Maintaining his indomitable larrikin nature and idiosyncratic sense of humour to the end, he prepared his own death notice: "Struan would like to inform his friends and acquaintances that he fell off his perch on Friday, January 11, 2002". He had struggled with the effects of Striatal Nigral Degeneration, what he jokingly termed "a posh form of Parkinson's disease", for much of the last decade. Thus has a remarkable Australian passed into the pantheon of our great physician scientists.

Born in Neutral Bay, Sydney in 1936, Struan grew up in Bendigo and graduated in medicine at the University of Melbourne in 1960. After a residency at the Royal Melbourne Hospital he spent four years as a surgeon lieutenant in the Australian Navy. His medical research career began in 1962 as a locum in the Clinical Research Unit at the Walter and Elisa Hall Institute, under the guidance of Dr (later Sir) Ian Wood. This resulted in the first of more than 300 publications and may have assisted his appointment as a medical officer to the Commonwealth Serum Laboratories in 1966. Soon thereafter he became the Director of the new



Immunology Research Department.

The next 16 years were to be the most productive of his professional life as Struan built up a venom research team reminiscent of the era of Charles Kellaway, an earlier pioneer of distinctively Australian venom research. Most famously, he developed the lifesaving funnel-web spider antivenom, the pressure-immobilisation first aid technique for snake bite [also applicable to funnel-web spider bites] and the internationally unique snake venom detection kit. This resulted in a series of awards such as the Australian Medical Association Prize for

Medical Research (1977), the James Cook Medal of the Royal Society of NSW (1984), the Medal for Outstanding Contribution to Tropical Medicine of the Australasian College of Tropical Medicine (1997), the Distinguished Fellow Medal of the Royal College of Pathologists of Australia (1999) and, posthumously, an Officer of the Order of Australia. During his career he also attained the Fellowship of the Colleges of Physicians, Pathologists and Tropical Medicine as well as an MD and DSc. Perhaps more important to Struan was the rapid acceptance of his findings in the management of the victims of snake and spider bite.

His somewhat quixotic nature ('reputations first, profits second') led to notorious clashes with senior CSL management in the early 1980's. Whilst these ultimately undermined his productivity he took advantage of the time to embark on another career as an author and public educator. Most important was his seminal textbook *Australian Animal Toxins* (Oxford University Press) and the more concise best seller *Venomous Creatures of Australia* (Hyland House). In common with certain other injury researchers, Struan had a passion for gardening that stimulated him to write the other best seller *Hydroponics for Everyone* (Hyland House). Struan rejoined the University of Melbourne in 1994, when he was appointed an Associate Professor in the Department of Pharmacology under Professor James Angus. This was precipitated by the privatisation of CSL and thence its cessation of 65 years of venom and antivenom research.

The AVRU, begun with a seeding grant from CSL Limited and sustained by continuing grants from the Victorian Department of Human Services, has become a living memorial to the humanitarian imperative that ran through Struan's life. Even in death he strove to do more by asking that donations be made to the Unit rather than sending flowers. More details of that life are available in his autobiography, *A Venomous Life* (Hyland House). He died as he lived—an inspiring Australian dedicated to the service of others.

Dr Ken Winkel
Director

Australian Venom Research Unit
Department of Pharmacology

Another face at RCIS

Lachlan Johnson recently joined Flinders University as a trainee in information technology. For the two-year period of his traineeship he will be based at RCIS and receive supervision and guidance from our Information Technology Manager, Steve Trickey.

Lachlan finished his Year 12 High School studies at the end of last year, having completed a range of information technology subjects.



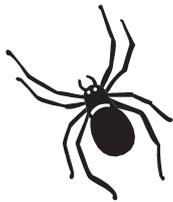
Improved data on venomous animals and toxic plants

Ken Winkel

Director, Australian Venom Research Unit

As briefly discussed by James Harrison in the last issue of *Injury Issues Monitor*, a variety of changes have been accepted for introduction in the new version of the *International Classification of Diseases (ICD-10)* used to code hospital data in Australia. This article will highlight some changes in the third edition, due for release in July 2002, related to those external cause codes specifying contact with venomous animals and toxic plants.

Due to their ubiquity and potentially lethal impact, venomous bite and sting related injuries are of great interest to the public and health professionals in



Australia. Consequently the AVRU has been working with NISU to improve our understanding of epidemiology of severe morbidity and mortality from these injuries. A significant advance to this end has been the provision of more categories within the existing external cause categories of ICD-10. A summary of the major changes, reproduced from James Harrison's NISU briefing paper, are presented in table format overleaf.

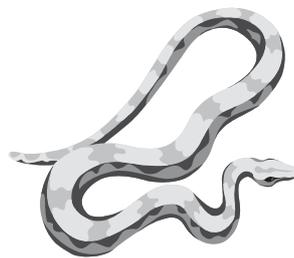
Conceptually, little change have been made to the codes pertaining to this topic. Moreover, mindful of the practicability of implementation, all changes that have been made relate to the enhancement of clinically relevant external cause codes. For example, category X20, "contact with venomous snakes and lizards", formerly lumped together bites from venomous lizards, cobras, vipers and sea snakes with all venomous native Australian terrestrial snakes. Hence no information has been available on those hospitalisations caused by venomous land snakes as distinct from sea snakes nor particular types thereof.

It is hoped that these limitations will now be overcome by the addition of two extra digits within category X20. This should allow the categorisation of contact with definitely venomous snakes whose identity has been specified (20.0)



Ken Winkel

compared with unidentified but definitely venomous snakes (X20.09) with both separate from venomous lizards (X20.1). Further details of the venomous snake types can be specified by additional categories within X20.00-08. The latter specification follows the five antigenic classes of snake as identified by the snake venom detection kit (VDK)(CSL Limited) (e.g. X20.00 contact with brown snake, X20.01 contact with taipan). The VDK is routinely used in clinical practice to assist



in the selection of an appropriate antivenom. In the case of a negative VDK result, or otherwise unidentifiable venomous snake bite, a polyvalent antivenom can be used. Such an instance would code to X20.09.

For the first time sea snake bites will have their own code (X20.05). The toxic effects of such bites can be treated with a specific sea snake antivenom (CSL Limited). Another section (W59 "bitten or crushed by other reptiles") has been

expanded to improve the specification of bite or crush injuries from other reptiles known to be non-venomous (e.g. W59.8 includes lizards and W59.0 specifies injuries from definitely non-venomous snakes such as pythons). A new code W59.1 has also been created to specify instances of a bite or crush injury wherein it is unknown whether a venomous or non-venomous snake was responsible.

Similar clinically driven changes have been introduced to section X21 for spiders. Analysis of ICD-9 coded national separation data has revealed that spider bites are the single largest group of this



type of hospital separations. Yet all types of spiders have, historically, been lumped in together using the one external cause code. This has made it impossible to ascertain the burden of injury separately attributable to redback, funnel-web or white-tailed spiders. This will change with ICD-10AM 3rd edition as each of these groups of spiders will be specified.

The arrival of the red imported fire ant (RIFA) in south-east Queensland last year highlighted the need to improve the categories available for contact with other specified venomous arthropods (X25). Medically significant ants are now specified within X25.0 (e.g. X25.00 contact with jumper and bull ant, X25.01 contact with fire ant), separate from venomous ticks (X25.1) and caterpillars (X25.2).

Similarly the recent death of an English tourist in Queensland suffering from irukandji syndrome (caused by an unidentified jellyfish) highlights the need to improve the cause codes for venomous marine animals (X26). This category has been least specified of all those discussed in that radically different organisms, such as jellyfish, stonefish and sea urchins, have previously all been lumped together. The medically significant groups of jellyfish are now specified as are basic categories of

Continued on page 10

Improved data on venomous animals and toxic plants

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stinging fish and biting and stinging marine invertebrates such as blue-ringed octopus and corals.

Such a high level of specification should both overcome uncertainties and ambiguities in the current version of ICD-10 as well as provide an unprecedented

level of information on particular types of bites and stings. This type of information should facilitate research and advocacy pertaining to a distinctively Australian type of injury.

For further information, contact Ken Winkel at the Australian Venom

Research Unit, in the Department of Pharmacology at the University of Melbourne, Tel: 03 8344 7753 E-mail: k.winkel@pharmacology.unimelb.edu.au

Table: Summary overview of changes

Categories	Changes	Comments
X20 [accidental] Contact with venomous snake/lizard	4th character is used to distinguish 'snake' from 'lizard'. 5th character is used to distinguish several types of venomous snake found in Australia according to applicable type of anti-venom.	Identification of type of venomous snake often enables better choice of type of anti-venom treatment, and the new categories reflect venom type categories. The patterns of types of snake may also inform prevention. The applicability of these new categories is more specific to Australia than is the case for most other new categories. (This also applies to X21, and X25 to X27.)
X21 Contact with venomous spiders	4th character is used to distinguish several types of venomous spiders found in Australia.	Categories are provided for 'funnel web', 'red back', 'white-tailed and other necrotising spider', other, and unspecified spiders.
X25 Contact with other specified venomous arthropods	4th character is used to distinguish several common types of arthropod. 5th character is used to distinguish several types of venomous ant found in Australia.	The types of venomous arthropod distinguished at the 4th character level are venomous ant, venomous tick, venomous and urticating caterpillar, other, and unspecified. The types of venomous ant distinguished are 'jumper and bull ant', 'fire ant', 'green ant', other and unspecified.
X26 Contact with venomous marine animals and plants	4th character is used to distinguish several common types of venomous marine life. 5th character is used to further distinguish types of jellyfish and stinging fish found in Australia.	The types of venomous marine animals and plants distinguished at the 4th character level are 'jellyfish', 'stinging fish', 'venomous octopus', 'stingray', other and unspecified. The 5th character is used to distinguish some types of jellyfish (box, Irukandji, Portuguese man-o-war/bluebottle) and one type of stinging fish (stone fish).
X27 Contact with other specified venomous animals	4th character is used to distinguish platypus.	

New on the RCIS Website

- Information sources for injury prevention among Indigenous Australians— Status and prospects for improvement
- Alcohol-related injury in young males
- Accidental poisoning of pre-school children from medicinal substances, Australia
- Spinal Cord Injury, Australia, 1999-00

www.nisu.flinders.edu.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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ISSN No 1039-4885
AIHW Cat. No. INJ44

Something to read ...?

Australian Drug Trends 2001

This recently released report presents a summary of the findings of the second year of operation of the Illicit Drugs Reporting System (IDRS) which monitors the price, purity, availability and patterns of use of the four main illicit drug classes: heroin, methamphetamine, cocaine and cannabis. Drug trends in the publication are cited by jurisdiction, although they primarily resport trends in the capital city of each jurisdiction, from which new drug trends typically emerge.

Printed copies of the report are available for \$12 from the National Drug and Alcohol Research Centre, Tel: 02 9385 0333 (NDARC Monograph No 48). The executive summary, including the key findings, are available at the NDARC website: <http://www.ndarc.med.unsw.edu.au>

Evidence-Based Health Promotion: Child Injury Prevention

This publication, produced by the Victorian Department of Human Services, presents a systematic review of child injury prevention interventions as they relate to specific types of injuries (eg burns and scalds, and respiratory injuries) and to generic safety promotion. The project used systematic methods to collate, review and analyse evidence-based approaches for the prevention of injury to children aged 0-4 years. This will inform the planning, funding and decision making of practitioners as they develop and implement programs.

Printed copies of this document are available, free of charge, from Victorian Department of Human Services, E-mail: julie.hoy@dhs.vic.gov.au

Australia's Health 2000



If you haven't already seen the most recent version of the Australian Institute of Health and Welfare's biennial health report, *Australia's Health*, then pay a visit to their website soon. The series is the nation's authoritative source of information on patterns of health and illness, determinants of health, the supply and use of health services, and health services costs and performance. This 2000 edition serves as a summary of Australia's health record at the end of the twentieth century. In addition, a special chapter is presented on changes in Australia's disease profile over the last 100 years.

A pdf version is available for download from the AIHW website: www.aihw.gov.au/publications/health/ah00/ Printed copies are available for \$44 from Government Information Shops around the country (previously known as Commonwealth Government Bookshops) or by phoning Ausinfo's toll free number 132 447 (24-hour service), and quoting AIHW Catalogue No AUS19.

Health and safety risks associated with four kinds of primary industry

The Australian Centre for Agricultural Health and Safety recently released its four latest publications which detail the specific health and safety risks associated with horticultural produce production; Sugarcane production; Sheep and wool production; and Cotton production on-farm. Each report is in two parts, the first examining information about injury associated with the particular industry and the second part providing a profile of the phases of production and associated hazards. Specifically, the profile contains information on the jobs undertaken in the particular industry, what the associated physical hazards are, who is at risk, the nature of the risk, and a severity and frequency rating which combines for a risk rating of the physical hazard.

Printed copies of the reports are available from the Australian Centre for Agricultural Health and Safety for \$25.00. Tel: 02 6752 8215; Fax: 02 6752 6639.

Diary

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/

Housing, Crime and Stronger Communities

6-7 May 2002
Melbourne
Contact: Conference Coordinators, Tel: 02 6292 9000; Fax: 02 6292 9002; E-Mail: confco@austarmetro.com.au
Website: www.aic.gov.au/conferences/housing/

2nd Australasian Conference on Drugs Strategy

7-9 May 2002
Perth
Contact: Conference Coordinator, Alcohol & Drug Coordination Unit, Tel: +61 8 9223 3035; Fax: +61 8 9223 3414; E-Mail: steveguest@adcuwa.org Website: www.adcuwa.org

Course on Injury Prevention

7-10 May 2002
Montreal, Canada
Contact: Summer coordinator, McGill University, Tel: +514 398-3973; E-Mail: summer.epid@mcgill.ca

11th International Conference on Safe Communities

7-9 May 2002
Rainy River District of Northwestern Ontario, Canada
Contact: Doug Langtry, Rainy River Valley Safety Coalition, Tel: +807 274 2823; Fax: +807 274 2823; E-mail: who2002@hotmail.com

International Symposium on Urban Safety

8-9 May 2002
Montreal, Canada
Contact: Michelle Cote, Montreal Urban Community Police Department, Tel: +514 280 2770; Fax: +514 280 2410; E-mail: jacques.lelievre@spcum.qc.ca

1st International Seminar on Women's Safety—Making the links

9-11 May 2002
Montreal, Canada
Contact: Anne Michaud, Comité International Femmes et Sécurité Urbaine, Tel: +514 396 3521; E-mail: cafsu@qc.aira.com

Public Health and War-Related Injuries

9-12 May 2002
Montreal, Canada
Contact: M. Michael Gerber, International Emergency Refugee Health Branch, Tel: +1 770 488-3520; E-mail: mcg9@cdc.gov

5th Conference of the International Society for Child and Adolescent Injury Prevention

11 May 2002
Montreal, Canada
Contact: Angela Seay, Tel: +44 208 878 8435; Fax: +44 207 608 3674; E-mail: aseay@compuserve.com

Canadian Injury Research Network meeting

11 May 2002

Montreal, Canada

Participation is open to interested researchers and stakeholders from other countries.

Contact: Dr Lynne Warda, Tel: +204 787 1908; Fax: +204 787 2070; E-mail: Lwarda@escape.ca

Training Workshop on Coalition Building and Mobilizing for Safety

11 May 2002

Montreal, Canada

Contact: Wendy Cukier, Tel: +416 979 5000 ext. 6740; Fax: +416 979 5249; E-Mail: wcukier@acs.ryerson.ca

Course on Safety Promotion and Injury Control: Principles in Research and Evaluation Methods

11-14 May 2002

Montreal, Canada

Contact: Celine Farley, University of Montreal, Tel: +514 343 6111 ext. 2950; E-mail: farleyce@magellan.umontreal.ca

Course on Safety Promotion in Local Communities: Planning and implementation methods and tools

11-14 May 2002

Montreal, Canada

Contact: Renee Levaque, Tel: +418 666 7000 ext. 454; Fax: +418 666 2776; E-mail: renee.levaque@sss.gouv.qc.ca

People's Right to Safety Charter Workshop

11 May 2002

Montreal, Canada

Contact: Tapan Bose, South Asia Forum for Human Rights, Tel: +977 1 541026; Fax: +977 1 527852; E-mail: right_to_safety@rediffmail.com

6th World Conference on Injury Prevention and Control

12-15 May 2002

Montreal, Quebec, Canada

Contact: Conference Secretariat, Tel: 514 848 1133; Fax: 514 288 6469; E-mail: trauma@coplanor.qc.ca Website: www.trauma2002.com

3rd International Conference on Drugs & Young People

13-15 May 2002

Sydney

Contact: Conference Secretariat, Tel: +61 3 9278 8101; E-Mail: events@adf.org.au Website: www.adf.org.au

Measuring the Burden of Injury Conference

16-17 May 2002

Montreal, Canada

Contact: Suzanne Tylko, Transport Canada Crashworthiness Division, Tel: +613 998 1951; Fax: +613 990 2913; E-mail: tylko@tc.gc.ca

12th Annual Construction Safety and Health Conference and Exposition

21-23 May 2002

Chicago

Contact: The Center to Protect Workers' Rights, Suite 1000, 8484 Georgia Avenue, Silver Spring MD 20910, USA; Tel: +1 301 578 8500; Fax: +1 301 578 8572; Website: www.cpwv.com

XVIIth World Congress on Safety and Health at Work

26-31 May 2002

Vienna, Austria

Contact: E-Mail: safety2002@auva.sozvers.at Website: www.safety2002.at

Australian Health Promotion Association 14th Annual Conference

16-19 June 2002

Sydney

Contact: Conference Secretariat, Tel: 02 9280 0577; E-mail: healthpromotion2002@pharmaevents.com.au Website: www.healthpromotion.org.au

2002 Australasian Women's Health Issues Congress

17-18 June 2002

Sydney

Contact: AACS, 16 Olden Court, Hydeaway Bay Qld 4800; Tel: 07 4945 7122 Fax 07 4945 7224

National Indigenous Management & Directors Training Conference of 2002

23-25 June 2002

Aurora Red Centre Resort, Australia

Contact: ICSA, Tel: 07 4945 7122; Fax: 07 4945 7224; E-mail: icskooori@mackay.net.au

World Congress on Drowning

26-28 June 2002

Amsterdam, The Netherlands

Contact: Congress Secretariat Drowning 2002, C/- Consumer Safety Institute, Tel: +31 20 5114 514; Fax: +31 20 5114 510; E-mail: secretariat@drowning.nl Website: www.drowning.nl

Short Course: Health Program Evaluation

26-27 July 2002

Melbourne

Contact: Joy Yeadon, Centre for Health Program Evaluation, Tel: +61 3 9496 4440; Fax: +61 3 9496 4424; E-mail: j.yeadon@unimelb.edu.au

Definitive Surgical Trauma Care Course

31 July to 1 August 2002

Sydney

Contact: Charmaine Miranda, Trauma Department, Liverpool Hospital, Tel: +61 2 9828 3927; E-mail: charmaine.miranda@swahs.nsw.gov.au

SWAN X Trauma Conference

2-3 August 2002

Sydney

Contact: Thelma Allen, Trauma Department, Liverpool Hospital, Tel: +61 2 9828 3927; E-mail: thelma.allen@swsahs.nsw.gov.au Website: www.swsahs.nsw.gov.au/livtrauma/meetings

Health Care in Focus (Incorporating the 14th Casemix Conference)

1-4 September 2002

Melbourne

Contact: Casemix Conference Secretariat, Tel: 02 6289 4327; Email: casemix_conf@health.gov.au

Current Issues in Regulation: Enforcement and Compliance

2-3 September 2002

Melbourne

Contact: Natalie Taylor, Tel: 02 6260 9254; E-mail: natalie.taylor@aic.gov.au Website: www.aic.gov.au

International Network on the Prevention of Accidents & Trauma at Work

3-6 September 2002

Elsinore, Denmark

Contact: Conference secretariat, Tel: +45 70 222 130; E-Mail: workingonsafety@nhg.dk Website: www.workingonsafety.net

Crime Prevention

12-13 September 2002

Sydney

Deadline for abstracts: 30 May 2002

Contact: Marianne James, Australian Institute of Criminology, Tel: 02 6260 9242, Fax: 02 6260 9201; E-mail: marianne.james@aic.gov.au Website: www.aic.gov.au

Probation and Community Corrections: Making the Community Safer

23-24 September 2002

Perth

Contact: Peter Marshall, Australian Institute of Criminology, Tel: 02 6260 9275; Fax: 02 6260 9201; E-mail: peter.marshall@aic.gov.au Website: www.aic.gov.au

34th Public Health Association of Australia Annual Conference

29 September to 2 October 2002

Adelaide

Contact: PHAA Secretariat, Tel: 02 6285 2373; E-mail: conference@phaa.net.au

The Role of Schools in Crime Prevention

30 September to 1 October 2002

Melbourne

Deadline for abstracts: 30 May 2002

Contact: Conference Co-ordinators, Tel: 02 6292 9000; Fax: 02 6292 9002; E-mail: confco@austarmetro.com.au Website: www.aic.gov.au

Australian & New Zealand Society of Criminology Conference

1-3 October 2002

Brisbane

Contact: ANZSOC 2002 Secretariat, Tel: 07 3875 3563; E-mail: s.lockwood-lee@mailbox.gu.edu.au Website: www.gu.edu.au/school/ccj/ANZSOC2002

2002 Road Safety Research, Policing and Education Conference

3-5 November 2002

Adelaide

Deadline for abstracts: 15 September 2002.

Contact: Road Safety 2002 Secretariat, Tel: +61 8 8379 8222; Fax: +61 8 8379 8177; E-mail: events@plevin.com.au

5th International PhD Course on Safety Promotion Research

14-25 October 2002

Stockholm, Sweden

Deadline for registration: Before 1 June 2002.

Contact: Moa Sundstrom, Tel: +46 8 517 779 48; E-mail: moa.sundstrom@socmed.sll.se Website: www.ki.se/phs/education/

Short Course: Health Program Evaluation

25 November to 1 December 2002

Melbourne

Contact: Joy Yeadon, Centre for Health Program Evaluation, Tel: +61 3 9496 4440; Fax: +61 3 9496 4424; E-mail: j.yeadon@unimelb.edu.au

XXII Congress of the International Association for Suicide Prevention (IASP)

10-14 September 2003

Stockholm, Sweden

Deadline for abstracts: 15 March 2003.

Contact: Congress Secretariat, Tel: +46 8 5465 15 00; Fax: +46 8 5465 15 99; E-mail: iasp2003@stocon.se Website: www.ki.se/suicid/iasp2003

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- 9 Other cases without sufficient detail to identify cause might also have been prevented by the new design. While these cases might increase the proportion of injuries prevented from around 7% to, say, 10% or 12% they aren't sufficient to change the basic argument.