



# **National Injury Prevention Plan:** Priorities for 2001-2003

## **Implementation Plan**

Falls in Older People  
Falls in Children  
Drowning and Near Drowning  
Poisoning among Children

August 2001

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In response to the high incidence of preventable injuries in Australia, the National Public Health Partnership Group established the Strategic Injury Prevention Partnership (SIPP) in August 2000 to provide a forum for leadership in injury prevention in Australia. SIPP is responsible for implementing the National Injury Prevention Plan: Priorities for 2001-2003 and promotes a consistent, integrated approach to injury prevention, including monitoring and evaluation across all areas of government.

SIPP includes representatives from Health Departments in all jurisdictions, the Consumer Affairs Division of Commonwealth Treasury, the National Health and Medical Research Council, the Australian Institute of Health and Welfare and the Australian Injury Prevention Network.

For additional copies contact:

National Public Health Partnership Secretariat

Tel: 03 9616 1515

Email: [nphp@dhs.vic.gov.au](mailto:nphp@dhs.vic.gov.au)

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## 1. Why we need an Implementation Plan

Injury Prevention and Control has been identified by Australian Health Ministers as one of six National Health Priority Areas (NHPAs) since 1986. The National Public Health Partnership Group (NPHPG) identified injury prevention as a priority requiring the development of a national plan with an accompanying *Implementation Plan*.

### **National Injury Prevention Plan: Priorities for 2001-2003**

The goal of the National Injury Prevention Plan: Priorities for 2001-2003 (the *Plan*) is to reduce the incidence and impact of injuries on the health and well-being of the Australian population in the four priority areas for immediate action. The *Plan* takes account of the nature, extent and distribution of injury in Australia, the potential for health gains, and the numerous sectors, activities and organisations that define the setting in which the *Plan* will be implemented.


The *Plan* aims to:

- Focus national injury prevention efforts towards four priority issues;
- Strengthen national infrastructure to improve knowledge of injury and to implement injury prevention activities; and
- Promote evidence-based, sustainable injury prevention interventions to the health system, other sectors and the broad community.

The effectiveness of the *Plan* depends upon cooperation between and within a wide range of sectors, including government and non-government agencies, business and industry, professional groups and the community. Enhanced partnerships, collaboration and information sharing will be key elements in ensuring the success of the *Plan*.

Particular activities under the *Plan* should be undertaken by sectors and jurisdictions that are best placed to achieve progress in these areas, recognising the range of experience, skill and knowledge that exists across the injury field.

It is recognised that not all stakeholders will be able to undertake all activities outlined in the *Plan* and that there is flexibility to select issues based on local priorities, resources and expertise. The *Plan* aims to assist those choices and to give an overview of the roles of particular stakeholders.



The three year *Implementation Plan* will guide the work-plan for the *Plan*. It takes the key work areas, strategies and tasks for each of the four priorities from the *Plan*, and identifies key players and potential key partners from other sectors.

### **Injury Prevention for Aboriginal and Torres Strait Islander People**

The NPHPG have recommended that a separate *Plan* be developed for injury prevention for Aboriginal and Torres Strait Islander people. The Strategic Injury Prevention Partnership (SIPP) will take the lead role in progressing the development of the *Plan*, in consultation with key stakeholders and jurisdictions. This will be developed under the auspice of the Aboriginal and Torres Strait Islander Working Group of the NPHP.

SIPP will initiate the following actions during 2001/2003:

- Identify people with a key interest in Aboriginal and Torres Strait Islander injury prevention and establish and resource an Aboriginal and Torres Strait Islander Injury Prevention Reference Group;
- Collate information available on current Aboriginal and Torres Strait Islander injury prevention activity;
- Seek input from States/Territories on relevant 'stories of success';
- Obtain relevant information from the Australian Institute for Health and Welfare, National Injury Surveillance Unit (AIHW/NISU);
- Commission the development of a framework for action in consultation with the reference group; and
- Brief the (NPHPG) on progress achieved toward the development of the Aboriginal and Torres Strait Islander Injury Prevention Plan.

Key issues for consideration:

- Good process and consultation is paramount.
- The principles for Aboriginal health development need to be accommodated.
- The differences between urban and remote Aboriginal and Torres Strait Islander communities need to be recognised.
- A broader and more flexible approach to Aboriginal and Torres Strait Islander injury prevention needs to be adopted (with a focus on causes such as alcohol and domestic violence).

- A flexible timeline needs to be maintained.
- The holistic nature of Aboriginal and Torres Strait Islander safety and health perceptions need to be understood.
- The term "injury prevention" may have negative connotations for Aboriginal and Torres Strait Islander cultures and a more positive term that accurately conveys the concept of injury prevention needs to be identified.

## 2. What we hope to achieve

### **Purpose**

The purpose of the *Plan* is to raise awareness of the need for action in injury prevention in four priority areas as well as to allow development of approaches to emerging issues. The *Plan* will guide investment in injury prevention.


The purpose of the *Implementation Plan* is to translate the strategies of the *Plan* into action at a national, jurisdictional and local level. The target audience includes injury prevention planners, the funders and procurers of health services, service providers and managers with budget allocation discretion. It is envisaged that the *Implementation Plan* will facilitate cross-jurisdictional collaboration on relevant issues.

The NPHPG is well positioned to influence Australian Health Ministers in planning for future health investment for injury prevention. Mutual agreements between jurisdictions wishing to progress a particular strategy should be negotiated between the relevant jurisdictions and endorsed by the NPHPG.

The *Implementation Plan* includes both initiatives to which States/Territories and the Commonwealth are already committed, as well as new strategies requiring implementation. Opportunities for collaborative investment are highlighted.

SIPP recognises the value of a comprehensive approach to tackling deep-seated injury issues but also the need to carefully prioritise its actions to ensure measurable progress and output in its works.

Monitoring and accountability will be underpinned by the development of relevant performance indicators of success. A particular measure of performance will be the accessibility and reach of activities to at-risk groups and those with lower health status.



In recognition of the need to maximise the national effectiveness of scarce resources in this sector, and to avoid overlap and duplication, a highly collaborative approach among jurisdictions and across sectors is envisaged.

SIPP also recognises the contributions which non-governmental experts can make to its work. In this regard, working groups including outside experts, will be formed to progress agreed priorities.

## **Success Factors**

In measuring the success of the *Plan* and its accompanying *Implementation Plan* against the stated objectives, a number of criteria will be applied. Some of these relate to the improved health outcomes as suggested in the *Plan*.

For example:

- Early evidence of health outcome improvement (including possible measures of health inequality).

Other success factors may be:

- Increased profile of injury prevention with Health Ministers and other key stakeholders.
- Increased engagement of health workers in injury prevention.
- Implementation of effective programs in the four priority areas (with evidence of increasing uptake).
- Evidence of mutual planning, support and co-operation between jurisdictions.
- Improved ability to identify gaps and target planning processes.
- Success stories used in a marketing/promotion strategies.
- Coordinated national response to injury prevention issues.
- Evidence of collaboration to reduce duplication of effort and optimal use of available resources across jurisdictions.
- Increased engagement of community workers, particularly those isolated by distance, language or other factors.
- Workforce development plans, which systematically address the needs of the existing workforce (community based, rural, policy developers, researchers) and influence the development of curriculum at tertiary level.

## Indicators

A range of health outcome indicators for the four injury areas in the *Plan* has already been identified through the National Priority Health Area (NPHA) reports. The main sources of data are Australian Bureau of Statistics (ABS) mortality and hospital morbidity data. The AIHW/NISU reports on these indicators and is conducting a technical review of them, as part of its role in developing and providing statistics and information for the *Plan*.


Selected risk, quality and process and system indicators will be developed in each of the four injury areas. A criterion for inclusion of an indicator is that the data source can be clearly identified and it is feasible for it to be collected. Any new indicators will be developed in conjunction with the National Public Health Information Working Group and the National Public Health Information Development Plan. The evaluation framework for the National Falls Prevention for Older People Initiative will also identify some specific indicators. In addition to health outcome indicators other process indicators will be developed by SIPP to measure progress towards implementation of the *Plan*.

## Who will oversee implementation?

The NPHP document Guidelines for Improving National Public Health Strategies Development and Coordination (March 1999) identifies a common set of responsibilities for national strategy management groups.

SIPP will oversee implementation of the *Plan*, and will report to the NPHPG. The Group is to be chaired by a NPHPG member and consists of:

- Commonwealth Department of Health and Aged Care representation;
- Representatives from each State/Territory Health Department;
- A representative from the Australian Institute of Health and Welfare (AIHW);
- A representative from the National Health and Medical Research Council (NH&MRC);
- A representative from the Consumer Affairs Division within Commonwealth Treasury;

- 
- The President of the Australian Injury Prevention Network (AIPN);  
and
  - Experts co-opted as required with appropriate remuneration for contributions.

The Terms of Reference of SIPP are to:

- Provide a forum for national leadership in injury prevention in Australia.
- Report and make recommendations to the NPHPG through the Secretariat and the National Strategies Co-ordination Working Group.
- Develop and implement strategies relating to the *Plan* and strategic planning for the longer term.
- Provide strategic direction consistent with evidence on injury prevention, seek expert input as required and develop responses to emerging issues and priorities in injury prevention.
- Develop a methodology of principles and processes for the sustainable implementation of injury prevention strategies.
- Foster strong partnerships and communication links between relevant sectors, within and between jurisdictions and use opportunities for strategic partnerships and collaboration in the prevention of injury.
- With key stakeholders, promote a consistent, integrated approach to injury prevention, including monitoring and evaluation across all areas of government.

### 3. Where the Implementation Plan fits in the broader context

The NPHPG has developed a number of overarching documents and arrangements to guide planning. Those having particular relevance for planning for injury prevention are highlighted below:

- NPHP – A Planning Framework for Public Health Practice, a systems perspective (draft December 1999). This document identifies injury prevention as one of nine domains requiring action in public health. The domains represent major areas of health gain, which require a public health response.
- NPHP – Guidelines for Improving National Public Health Strategies. This document identifies injury prevention in Appendix one as a strategy under development. It highlights the need for a mix of interventions covering policy, program and infrastructure in national public health strategies.
- NPHP – Preventing Chronic Disease – a Strategic Framework. Whilst this document is not targeting injury specifically, it is targeting the risk factor of lack of physical activity, which is also a risk factor for falls in older people.
- NPHP - Aboriginal and Torres Strait Islander Working Group. This Group will have an overarching role in the areas of Aboriginal and Torres Strait Islander population health.
- Following a review of the NHPA initiative in 1999, AHMAC endorsed strategic directions including the establishment of the National Health Priority Action Council (NHPAC). The NHPAC will be responsible for setting the broad strategic directions for the NHPA initiative, and in consultation with key stakeholders, identifying those actions that are likely to have the most benefit both within and across the national priority areas. The NHPAC will have a collaborative relationship with the NPHP to ensure that issues across the continuum (ie. prevention, trauma management and rehabilitation) are addressed.

## 4. Users Guide

The strategies contained in this *Implementation Plan* are iterations of the original strategies seen in the *Plan*. Strategies have been further developed in order to increase accessibility for jurisdictions.


The *Implementation Plan* is intended for use in a number of ways:

- Jurisdictions should use the *Implementation Plan* in their broader and local planning processes.
- This *Plan* in no way restricts current investment in other areas of injury prevention.
- Jurisdictions wishing to plan collaborative ventures with other jurisdictions on particular strategies should use this document as a basis for sharing resources, information and program development.
- Jurisdictions may choose to identify a leadership role in the development of products and guide collaboration to reduce duplication of effort and optimise the use of available resources across jurisdictions.

Jurisdictions have agreed that appropriate activities be undertaken in each priority area rather than an equal number of activities in each area. The *Implementation Plan* acknowledges variable priorities between jurisdictions according to local population profiles and injury prevention needs.

In determining priorities and selecting strategies that may be undertaken at a national, jurisdictional and local level, users may choose to apply some or all of the following criteria:

- Potential health gain.
- Cost-benefit.
- Likelihood of uptake.
- Supporting evidence of efficacy.
- Potential for sustainability.
- Supporting expert opinion.
- Frequency of problem.
- Severity of problem.

- 
- Ability to address problem.
  - Appropriateness of health sector involvement.
  - Capacity to address inequity.
  - Capacity to progress collaboration.

## 5. Evaluating the Implementation Plan

A mechanism to monitor the investment which arises from implementing this *Plan*, needs to be identified. Initially, reporting from each jurisdiction may be systematically gathered through the SIPP process. Routine performance indicators, taking into account the broad range of policy and program investments, need to be agreed. These are likely to include dollar investments in surveillance, research and program investments to any number of the priority areas on a cost shared or individual jurisdictional investment basis, as well as infrastructure investment in policy formulation and workforce development.

## 6. Falls in older people

**Strategic Objective:** To decrease the incidence, severity, mortality and morbidity associated with falls of people in community, residential aged care and acute care settings

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Best practice in community settings</b></p> <p>1.1 Promote programs of falls prevention and falls injury prevention that encourage exercise with a particular focus on strength and balance, and medication review through State and Territory and local government programs</p>	<p>1.1.1 Identify existing programs of community based falls prevention Interventions and promote the Introduction of exercise designed to improve strength and balance</p> <p>1.1.2 Develop training and training materials for exercise class leaders</p>	<ul style="list-style-type: none"> <li>State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>Seniors groups</li> <li>Physio-therapists</li> <li>Divisions of General Practice</li> <li>Local government</li> </ul>
<p>1.2 Develop and promote public education programs based on best practice</p>	<p>1.2.1 Undertake research with older people to establish effective communication mechanisms and appropriate messages for public education activity</p> <p>1.2.2 Work with relevant organisations to promote falls prevention with older people</p>	<ul style="list-style-type: none"> <li>Commonwealth Department of Health and Aged Care (DHAC)</li> <li>State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>Seniors groups</li> <li>Divisions of General Practice</li> </ul>

## 6. Falls in older people (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Best practice in community settings</b></p> <p>1.3 Increase the role of General Practitioners through the health assessments available under the MBS for people aged 75 and over (55 and over for people of Aboriginal or Torres Strait Islander descent)</p>	<p>1.3.1 Develop resources to assist GPs to undertake falls prevention interventions in the context of the health assessments available under the Medical Benefit Scheme (MBS) for people aged 75 and over (55 and over for people of Aboriginal or Torres Strait Islander descent)</p> <p>1.3.2 Monitor implementation of health assessments to ensure recommended falls prevention activities are implemented</p>	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	<ul style="list-style-type: none"> <li>• Royal Australian College of General Practitioners (RACGP)</li> </ul>
<p>1.4 Continue to increase medication review and management initiatives in partnership with Divisions of General Practice and the RACGP</p>	<p>1.4.1 Work with Divisions of General Practice and the RACGP to link falls prevention messages to medication reviews for older people</p>	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	<ul style="list-style-type: none"> <li>• Divisions of General Practice</li> <li>• RACGP</li> </ul>
<p>1.5 Educate General Practitioners and older people about the risks and benefits of a reduction in psychotropic medications</p>	<p>1.5.1 Develop resources to assist GPs to discuss safe reduction of psychotropic medication with older patients in the context of the health assessments available under the MBS for people aged 75 and over (55 and over for people of Aboriginal or Torres Strait Islander descent)</p>	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	<ul style="list-style-type: none"> <li>• Divisions of General Practice</li> <li>• RACGP</li> </ul>

## 6. Falls in older people (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<b>Best practice in community settings</b>			
1.6 Work with the medical profession to promote the early identification, primary prevention and treatment of osteoporosis	1.6.1 Develop resources to assist GPs to undertake falls prevention interventions in the context of the health assessments available under the MBS for people aged 75 and over (55 and over for people of Aboriginal or Torres Strait Islander descent)	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	<ul style="list-style-type: none"> <li>• Divisions of General Practice</li> <li>• RACGP</li> <li>• Non-government organisations</li> </ul>
1.7 Continue to work with the Australian Building Codes Board to improve the safety of public and private environments for older people		<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> <li>• Local government</li> </ul>	<ul style="list-style-type: none"> <li>• State and Territory Departments eg Safe as Houses Program</li> <li>• Building sector</li> </ul>
1.8 Assist people who are currently well to acknowledge the risk of falling as they grow older, to take preventive action.	1.8.1 Develop education messages targeted at older people that makes use of salient messages	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Divisions of General Practice</li> <li>• RACGP</li> </ul>
1.9 Identify and respond to falls in older people associated with specific consumer products e.g. step ladders	<p>1.9.1 Examine the extent of market compliance with relevant product safety standards</p> <p>1.9.2 Work towards the introduction of mandatory product safety standards where justified</p>	<ul style="list-style-type: none"> <li>• Consumer Affairs Division within the Commonwealth Treasury</li> <li>• State and Territory Fair Trading agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Standards Australia</li> <li>• Consumer product suppliers</li> </ul>

## 6. Falls in older people (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<b>Best practice in community settings</b>			
1.10 Identify and respond to the special needs of rural and remote, Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds	1.10.1 Identify specific issues that relate to different population groups 1.10.2 Undertake targeted interventions to meet the needs of specific groups 1.10.3 Identify, develop and implement effective communication strategies that will meet the information requirements of diverse communities	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• National Aboriginal Community Controlled Health Organisation (NACCHO)</li> <li>• Office of Aboriginal and Torres Strait Islander Health (OATSIH)</li> </ul>

## 6. Falls in older people (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<b>Best practice in acute care settings</b>			
1.11 Improve trauma management	<p>1.11.1 Identify and promote best practice for managing trauma due to falls</p> <p>1.11.2 Promote further research into interventions to reduce falls in acute care</p>	<ul style="list-style-type: none"> <li>State and Territory Health Departments</li> <li>DHAC</li> </ul>	<ul style="list-style-type: none"> <li>Professional Colleges</li> <li>Falls Prevention Task Force</li> </ul>
1.12 Promote the use of rehabilitation strategies for older people leaving acute care	<p>1.12.1 Identify a range of successful rehabilitation strategies and promote these</p> <p>1.12.2 Provide information on the cost/benefits of using such strategies</p> <p>1.12.3 Promote messages about falls prevention to older people by emphasising the potential to stay at home</p>	<ul style="list-style-type: none"> <li>State and Territory Health Departments</li> <li>DHAC</li> </ul>	<ul style="list-style-type: none"> <li>Professional Colleges</li> </ul>
1.13 Promote individual risk assessments prior to discharge for all older people hospitalised as a result of a fall	<p>1.13.1 Link to discharge planning protocols and hospital demonstration projects</p>	<ul style="list-style-type: none"> <li>State and Territory Health Departments</li> </ul>	
1.14 Raise the awareness of falls prevention and falls injury management in staff and management of acute care facilities	<p>1.14.1 Disseminate research audit report widely</p> <p>1.14.2 Work with National Falls Prevention Network to promote best practice</p> <p>1.14.3 Develop appropriate education and training resources for hospital staff and management</p>	<ul style="list-style-type: none"> <li>State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>Australian Patient Safety Foundation</li> <li>Falls Prevention Task Force</li> </ul>

## 6. Falls in older people (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Best practice in acute care settings</b></p> <p>1.15 Include injury prevention competencies in appropriate education and training programs</p>	<p>1.15.1 Work with training bodies and professional organisations to develop and implement appropriate competencies</p> <p>1.15.2 Develop draft core materials for inclusion in training</p>	<ul style="list-style-type: none"> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Industry Training Advisory Board (ITAB)</li> <li>• Educational institutions</li> </ul>
<p>1.16 Improve surveillance of falls in hospitals through monitoring and recording of adverse events</p>	<p>1.16.1 Work with Australian Patient Safety Foundation and the Australian Council for Safety and Quality in Health Care to develop standardised incident monitoring and follow up procedures</p>	<ul style="list-style-type: none"> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Australian Patient Safety Foundation</li> </ul>

## 6. Falls in older people (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p>1.17 Integrate best practice with accreditation and quality assurance mechanisms in residential care facilities</p>	<p>1.17.1 Work with Aged Care Standards and Accreditation Agency to ensure best practice in falls prevention is reflected in accreditation and quality assurance mechanisms</p> <p>1.17.2 Support demonstration projects or pilot sites to showcase best practice</p> <p>1.17.3 Develop and disseminate resources to assist in the implementation of best practice</p> <p>1.17.4 Promote incident record keeping and monitoring to identify baseline data issues and areas for improvement</p> <p>1.17.5 Encourage the uptake of best practice by presenting evidence of the benefits of introducing falls prevention interventions</p>	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	<ul style="list-style-type: none"> <li>• Residential aged care providers</li> <li>• Peak industry groups</li> <li>• State and Territory governments</li> </ul>

## 6. Falls in older people (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Best practice in residential care settings</b></p> <p>1.18 Pilot and evaluate projects examining hip protectors, vitamin supplements, gentle exercise and restraint reduction to build the evidence base for use in residential care settings</p>	<p>1.18.1 Work with peak residential aged care industry bodies to promote falls prevention interventions</p> <p>1.18.2 Support projects designed to provide high level evidence on the efficacy of promising interventions</p> <p>1.18.3 Further examine the issue of multi-factorial interventions with the aim of determining the best combination of interventions for particular target populations</p>	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	<ul style="list-style-type: none"> <li>• Residential aged care providers</li> <li>• GPs</li> <li>• Professional groups</li> <li>• State and Territory governments</li> </ul>
<p>1.19 Raise the awareness of falls prevention and falls injury management with staff and management of residential care facilities.</p>	<p>1.19.1 Encourage information dissemination to staff and management of residential aged care facilities through journals, conferences and professional training</p> <p>1.19.2 Develop appropriate education and training resources and/or processes to encourage management and staff engagement in best practice planning and implementation</p>	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	<ul style="list-style-type: none"> <li>• Residential aged care providers</li> <li>• GPs</li> <li>• Professional groups</li> <li>• State and Territory governments</li> </ul>

## 6. Falls in older people (cont'd)

Strategies	Actions	Key Partners	Possible Key Partners
<b>Research and surveillance</b>			
1.20 Identify best practice from current programs and emerging research.	1.20.1 Conduct audit of literature on best practice and disseminate findings to key stakeholders	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	
1.21 Establish performance indicators for the achievement of the objectives of this priority area	1.21.1 Analyse research findings and consult with stakeholders to establish appropriate performance indicators 1.21.2 Enhance and develop information sources where necessary to enable measurement of the indicators	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	
1.22 Undertake cost benefit analysis of falls prevention and falls injury interventions in the community, acute care and residential care settings	1.22.1 Establish a methodology to determine cost effectiveness in relation to introducing falls prevention interventions and apply it in the different settings	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	
1.23 Identify gaps in falls prevention knowledge and commission research, conduct trials and promulgate best practice to all stakeholders	1.23.1 Use research audit to identify gaps in knowledge 1.23.2 Work with research bodies to establish a falls prevention research program	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	
1.24 Develop and validate risk management strategies in residential and acute care settings	1.24.1 Conduct research to establish the validity of different risk assessment tools	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	

## 7. Falls in children

**Strategic Objective:** To decrease the incidence, severity, mortality and morbidity associated with falls in children between the ages of 0-14

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Promotion of best practice</b></p> <p>1.1 Review legislation which impacts on the safety of children</p>	<p>1.1.1 Examine identified gaps from the legislation stocktake and recommend a program to address important issues</p> <p>1.1.2 Support any future proposals by the Consumer Affairs Division within the Commonwealth Treasury for enhancing consumer product safety under the Trade Practices Act</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• Commonwealth Division of Consumer Affairs</li> <li>• State and Territory Consumer Affairs Authorities</li> </ul>

## 7. Falls in children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Promotion of best practice</b></p> <p>1.2 Work with the relevant regulatory and standard setting bodies and key stakeholders to improve and strengthen product and environmental design and standards in areas like nursery equipment, soft fall surfacing and reducing fall height for playground equipment</p>	<p>1.2.1 Conduct systematic review of performance of Australian Nursery Standards in respect of injury outcomes</p> <p>1.2.2 Develop strategies to increase compliance with the current Australian standard for fall height and soft-fall under-surfacing</p> <p>1.2.3 Introduce national safety standard (under the Trade Practices Act) for baby walkers (based on the U.S. Standard)</p> <p>1.2.4 Develop a key stakeholder forum to seek national agreement on playground compliance and improvement strategy</p> <p>1.2.5 Review the regulatory requirements in Building codes and standards for the design and installation of stairs and steps and the basis of quantification of dimensions</p> <p>1.2.6 Identify strategies to develop best practice in safe stairway design amongst architects, designers, manufacturers and builders</p>	<ul style="list-style-type: none"> <li>• Commonwealth Division of Consumer Affairs</li> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• State and Territory Departments of Consumer Affairs</li> <li>• Standards Australia International Limited</li> <li>• Manufacturers, importers and retailers</li> <li>• Child Accident Prevention Foundation of Australia (Kidsafe)</li> <li>• State Education Departments</li> <li>• Australian Building Codes Board</li> <li>• Building Industry Groups</li> <li>• Retail Industry</li> <li>• Infant Nursery Product Manufacturers' Association</li> </ul>

## 7. Falls in children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<b>Promotion of best practice</b>			
1.3 Increase child safety awareness through local, State and Territory and national promotion and educational activities in conjunction with key stakeholders	1.3.1 Develop and conduct a focussed national multi-strategy awareness raising and educational campaign targeted to parents and carers to reduce the risk of fall injury in young children (0-1; 1-4 years)	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> <li>• Kidsafe</li> <li>• Local government</li> </ul>	<ul style="list-style-type: none"> <li>• State and Territory Education Departments</li> </ul>
1.4 Develop and implement a range of interventions targeted directly at children that are appropriate to their stage of development	1.4.1 Develop an awareness raising and education campaign targeted at participants (aged 5-9 and 10-14 separately) in high-risk recreational activities for fall injury including skating (in-line and quad), skate boarding, scooter riding, skiing, snowboarding and trampolining	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> <li>• Kidsafe</li> </ul>	<ul style="list-style-type: none"> <li>• Retail and manufacturing industries</li> </ul>
1.5 Ensure that child safety competencies, including falls prevention, are included in education and training of the child care and education workforce	1.5.1 Review competencies to clarify national strategies	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Education and Training institutions</li> <li>• State and Territory governments</li> </ul>
1.6 Implement risk management strategies in care settings, including schools, day care centres and family day care	1.6.1 Review national standards for risk management strategies in each care environment.	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	

## 7. Falls in children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Promotion of best practice</b></p> <p>1.7 Respond to the special needs of rural and remote communities, Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse backgrounds, and children with disabilities.</p>	<p>1.7.1 Link this development to the <i>National Indigenous Injury Prevention Action Plan</i></p> <p>1.7.2 Identify, develop and implement effective communication strategies that will meet the information requirements of diverse communities</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• NACCHO</li> <li>• Commonwealth Department of Immigration and Multicultural Affairs</li> <li>• AIHW/NISU</li> </ul>

## 7. Falls in children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<b>Research and surveillance</b>			
1.8 Identify and promulgate best practice from current programs and emerging research	1.8.1 Broadly disseminate existing best practice reviews and reports, and commission new reviews where information on proven and promising interventions countermeasures is lacking	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• SIPP</li> </ul>	
1.9 Establish performance indicators for the achievement of the objectives of this priority area		<ul style="list-style-type: none"> <li>• SIPP</li> </ul>	<ul style="list-style-type: none"> <li>• AIHW/NISU</li> </ul>
1.10 Undertake cost benefit analysis of falls prevention and falls injury interventions in a variety of settings, including the home, child care, schools, sport and recreation	1.10.1 Commission cost-benefit studies in major child fall injury areas	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Local government</li> <li>• AIHW/NISU</li> </ul>
1.11 Continue to enhance current injury surveillance systems such as those managed by States and Territories, emergency departments and sports injury collection systems	1.11.1 Form partnerships with sport bodies to develop sport injury collection/notification system	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> <li>• Australian Sports Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Commonwealth and State Departments of Sport and Recreation</li> <li>• National Sporting bodies</li> <li>• Active Australia</li> <li>• Sports Medicine Australia</li> <li>• National Coding Centre</li> <li>• AIHW/NISU</li> </ul>

## 7. Falls in children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<b>Research and surveillance</b>			
1.12 Establish a National Emergency Department Injury Surveillance Data System to complement National Inpatient Hospital Data Statistics	1.12.1 Continue to examine potential strategies for increasing the acquisition of information required to identify risk factors and evaluate countermeasures	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• AIHW/NISU</li> <li>• MUARC</li> <li>• NSW IRMRC</li> <li>• QISU</li> </ul>
1.13 Identify gaps in falls prevention knowledge and commission research, conduct trials and promulgate best practice to all stakeholders		<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	
1.14 Improve the specificity (detail) and application of the International Classification of Diseases	1.14.1 Review the effectiveness and capture of injury coding in ICD 10AM	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	

## 8. Drowning and Near Drowning

**Strategic Objective:** To reduce the rate of drowning and near-drowning and consequent injury in Australia

Strategies	Actions	Key Players	Possible Key Partners
<b>Promotion of best practice</b>  1.1 Work with lead agencies at local, state and national level to promote water safety through promotional and education programs targeted particularly toward young children and young males	1.1.1 Support the establishment of regular communications between the AWSC and jurisdictions  1.1.2 Support the adoption of the National Water Safety Plan at local, State and Commonwealth levels	<ul style="list-style-type: none"> <li>● AWSC</li> <li>● State and Territory Sport and Recreation and Tourism portfolios</li> <li>● State water safety organisations</li> </ul>	<ul style="list-style-type: none"> <li>● DHAC</li> </ul>
	1.2 Continue to develop educational campaigns for the parents of young children	1.2.1 Determine the most appropriate communication methods and incorporate in campaigns	<ul style="list-style-type: none"> <li>● AWSC</li> <li>● State and Territory governments</li> </ul>
1.3 Widely promote the teaching of resuscitation and encourage the adoption of CPR as a necessary competency for those working with children	1.3.1 Gain acceptance of the need for CPR training by the public  1.3.2 Develop a strategy for the promotion of CPR with accreditation authorities	<ul style="list-style-type: none"> <li>● AWSC</li> <li>● DHAC</li> <li>● State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>● RLSSA</li> <li>● Commonwealth Department of Industry, Science and Resources</li> </ul>
1.4 Continue to support swimming as a healthy life skill	1.4.1 Include safe swimming messages in promotional materials	<ul style="list-style-type: none"> <li>● AWSC</li> <li>● State and Territory governments</li> </ul>	<ul style="list-style-type: none"> <li>● Active Australia</li> <li>● Strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH)</li> </ul>

## 8. Drowning and Near Drowning (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Promotion of best practice</b></p> <p>1.5 Promote appropriate programs of water safety targeted to rural and remote and Aboriginal and Torres Strait Islander communities</p>	<p>1.5.1 Gain agreement on appropriate and effective water safety programs</p> <p>1.5.2 Tailor existing and future programs to include best practice for rural situations and Aboriginal and Torres Strait Islander communities</p> <p>1.5.3 Identify, develop and implement effective communication strategies that will meet the information requirements of diverse communities</p>	<ul style="list-style-type: none"> <li>● AWSC</li> <li>● State and Territory Governments</li> <li>● Local government</li> </ul>	<ul style="list-style-type: none"> <li>● DHAC</li> <li>● NACCHO</li> <li>● Commonwealth Department of Immigration and Multicultural Affairs</li> <li>● Commonwealth Department of Agriculture, Fisheries and Forestry</li> </ul>
<p>1.6 Provide educational material that is appropriate to people from culturally and linguistically diverse backgrounds, including international visitors and tourists</p>	<p>1.6.1 Assess effective and appropriate distribution strategies and materials</p>	<ul style="list-style-type: none"> <li>● AWSC</li> <li>● Commonwealth Department of Immigration and Multicultural Affairs</li> <li>● Commonwealth Department of Agriculture, Fisheries and Forestry</li> <li>● Commonwealth Department of Sport and Tourism</li> </ul>	

## 8. Drowning and Near Drowning (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Promotion of best practice</b></p> <p>1.7 Support the National Water Safety Plan and the establishment of the Australian Water Safety Research Committee</p>	<p>1.7.1 Review progress toward the plan annually</p>	<ul style="list-style-type: none"> <li>• AWSC</li> </ul>	

## 8. Drowning and Near Drowning (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<b>Promotion of best practice</b>			
1.8 Establish performance indicators for the achievement of the objectives of this priority area	1.8.1 Convene a workshop to develop indicators	<ul style="list-style-type: none"> <li>• Australian Water Safety Research Committee</li> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• AIHW/NISU</li> </ul>
1.9 Evaluate State-based pool inspection programs	1.9.1 Support research in this area 1.9.2 Publicise the findings of pool fencing research to legislators, regulators and retailers	<ul style="list-style-type: none"> <li>• SIPP</li> <li>• Australian Water Safety Research Council</li> <li>• State and Territory Governments</li> <li>• Local government</li> </ul>	<ul style="list-style-type: none"> <li>• AWSC members</li> <li>• Australian Building Code Board</li> <li>• Local government</li> <li>• DHAC</li> <li>• Commonwealth Attorney-General's Department</li> </ul>
1.10 Improve the collection of drowning and near drowning data, including police incident reports and improved access to information contained in the National Coronial Information System (NCIS)	1.10.1 Conduct a feasibility study of a drowning module on the NCIS 1.10.2 Support research in these areas	<ul style="list-style-type: none"> <li>• Australian Water Safety Research Council</li> <li>• DHAC</li> <li>• State and Territory Health Departments</li> <li>• AIHW/NISU</li> </ul>	<ul style="list-style-type: none"> <li>• Monash University Centre for Coronial Information</li> </ul>

## 8. Drowning and Near Drowning (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Promotion of best practice</b></p> <p>1.11 Evaluate proven and promising drowning prevention counter-measures targeting young males, including black spots, restriction on the sale of alcohol at aquatic facilities, removal of advertising which mixes alcohol and water recreation</p>	<p>1.11.1 Review existing literature and develop proposals to evaluate promising interventions</p> <p>1.11.2 Investigate water-related risk taking behaviour and potential countermeasures</p>	<ul style="list-style-type: none"> <li>• AWSC</li> </ul>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Governments</li> <li>• Local government</li> </ul>

## 9. Poisoning among children

**Strategic Objective:** To reduce morbidity and mortality associated with poisoning in children from medications, drugs and other substances

Strategies	Actions	Key Players	Possible Key Partners
1.1 Review the role and operations of national Poisons Information Services and enhance their preventive role	1.1.1 Prepare a business case to review the role and operations of Poisons Information Services	<ul style="list-style-type: none"> <li>State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>Poison Information Centres (PIC's)</li> <li>Australian Health Ministers Advisory Council (AHMAC)</li> </ul>
1.2 Provide current information about poisoning prevention to parents, carers, childcare centres and schools	1.2.1 Examine existing information and guidelines to establish best practice 1.2.2 Develop a strategy to disseminate the information to the target audience 1.2.3 Conduct population based trials of the efficacy of education modes	<ul style="list-style-type: none"> <li>State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacy Guild of Australia</li> <li>Pharmaceutical Society of Australia</li> <li>Divisions of General Practice</li> <li>RACGP</li> <li>First Aid Organisations</li> </ul>

## 9. Poisoning among children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>1.3 Information and treatment for victims of poisoning</b></p> <p>1.3 Develop appropriate pathways and protocols for hospital admissions following children's access to poisons</p>	<p>1.3.1 Investigate regional and international variation in childhood poisoning admission rates</p> <p>1.3.2 Establish national admission protocols for childhood poisoning victims</p> <p>1.3.3 Develop a strategy for implementation of the protocols</p> <p>1.3.4 Evaluate effectiveness of new admission protocols</p> <p>1.3.5 Provide access to adequate high quality toxicological services</p>	<ul style="list-style-type: none"> <li>• State and Territory Health Departments</li> <li>• Royal Australian College of Physicians — Division of Paediatrics</li> </ul>	<ul style="list-style-type: none"> <li>• AIHW/NISU</li> <li>• Royal Australian College of Emergency Medicine</li> </ul>

## 9. Poisoning among children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners	
<p><b>Improved packaging and storage of dangerous substances</b></p> <p>1.4 Identify further areas of risk and develop strategies to address these through packaging and storage guidelines and regulations</p>	<p>1.4.1 Identify high risk substances, products and causative agents in child poisoning, including access and availability</p> <p>1.4.2 Work with manufacturers and the TGA to address these risks</p> <p>1.4.3 Implement recommendations</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic Goods Administration (TGA)</li> <li>• PIC's</li> <li>• AIHW/NISU</li> </ul>	
	<p>1.5 Encourage removal of unwanted and expired medicines from the home and carer environments before they can do harm</p>	<p>1.5.1 Work with Quality Use of Medicines stakeholders to encourage safe and effective disposal of unwanted medications</p> <p>1.5.2 Support activities related to these initiatives</p>	<ul style="list-style-type: none"> <li>• OPAL Unwanted Medicines Pty Ltd</li> </ul>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• Pharmacy Guild of Australia</li> <li>• Pharmaceutical Society of Australia</li> </ul>
	<p>1.6 Ensure compliance with best practice packaging guidelines, including generic products and over the counter medicines</p>	<p>1.6.1 Investigate and review the effectiveness of existing packaging, including child-resistant containers (CRCs)</p> <p>1.6.2 Work with stakeholders to develop improved packaging guidelines, including those for CRCs</p> <p>1.6.3 Work with manufacturers and industry to implement improved packaging guidelines</p>	<ul style="list-style-type: none"> <li>• DHAC</li> </ul>	<ul style="list-style-type: none"> <li>• State and Territory Health Departments</li> <li>• Proprietary Medicines Association of Australia</li> <li>• Pharmaceutical Manufacturers Association of Australia</li> </ul>

## 9. Poisoning among children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<b>Promotion of best practice</b>			
1.7 Educate parents, grandparents and carers about compliance with best practice storage guidelines	<p>1.7.1 Develop best practice storage guidelines</p> <p>1.7.2 Provide current information to parents, grandparents and carers</p> <p>1.7.3 Explore design solutions to ensure safe storage when medicines are in use or during travel</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• National Prescribing Service</li> <li>• Pharmacy Guild of Australia</li> <li>• Pharmaceutical Society of Australia</li> </ul>
1.8 Map activities and best practice in poisoning prevention in all jurisdictions to determine scope of current and past work and projects	<p>1.8.1 Commission research to map activities and best practice in poisoning prevention</p> <p>1.8.2 Identify gaps in knowledge</p> <p>1.8.3 Develop a strategy to address these gaps</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	
1.9 Analyse national and international best practice activities and inform stakeholders	<p>1.9.1 Compare child poisoning data and investigate international best practice on interventions</p> <p>1.9.2 Convene meeting of experts to discuss next steps</p> <p>1.9.3 Develop an information strategy</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	

## 9. Poisoning among children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Promotion of best practice</b></p> <p>1.10 Work with key stakeholders including non-government organisations, the Poisons Information Service, TGA, pharmacists and educators to enhance prevention activities for childhood poisoning through local, state and national promotion and education activities</p>	<p>1.10.1 Using the resources developed in the best practice analysis as a guide, consult with stakeholders to identify opportunities to develop and promote prevention activities at national, state and local levels</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacy Guild of Australia</li> <li>• Pharmaceutical Society of Australia</li> <li>• Proprietary Medicines Association Australia</li> <li>• Australian Health Promoting Schools Association</li> </ul>
<p>1.11 Identify and respond to the needs of rural and remote, Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds with appropriate programs</p>	<p>1.11.1 Conduct a study of the profiles of these groups in poisoning initiatives</p> <p>1.11.2 Identify, develop and implement effective communication strategies that will meet the information requirements of diverse communities</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• NACCHO</li> <li>• Commonwealth Department of Immigration and Multicultural Affairs</li> <li>• FECCA</li> </ul>

## 9. Poisoning among children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Promotion of best practice</b></p> <p>1.12 Encourage and support the developments necessary to enable reliable monitoring of injury occurrence, with particular reference to the identification of specific causative agents and national injury indicators and priority topics</p>	<p>1.12.1 Review existing data collection methods and processes and identify priority topics</p> <p>1.12.2 Develop responses for consideration by the Health Information Working Group</p> <p>1.12.3 Compile a paper for consideration by AHMAC</p> <p>1.12.4 In conjunction with the Services, identify their data collection and monitoring processes across relevant sectors</p> <p>1.12.5 Develop a strategy to implement improved data collection and monitoring</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• PIC's</li> <li>• Injury Surveillance Units</li> </ul>

### 9. Poisoning among children (cont'd)

Strategies	Actions	Key Players	Possible Key Partners
<p><b>Data and surveillance</b></p> <p>1.13 Establish performance indicators for the achievement of the objectives of this priority area</p>	<p>1.13.1 Analyse research findings and consult with stakeholders to establish appropriate performance indicators</p> <p>1.13.2 Enhance and develop information sources where necessary to enable measurement of the indicators</p>	<ul style="list-style-type: none"> <li>• DHAC</li> <li>• SIPP</li> <li>• AIHW/NISU</li> </ul>	
<p>1.14 Develop a national pool of injury data for case description and research into risk factors and prevention</p>	<p>1.14.1 Work with Poisons Information Centres and injury surveillance units to establish reliable data collection protocols</p>	<ul style="list-style-type: none"> <li>• AIHW/NISU</li> <li>• State and Territory Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>• PICs</li> <li>• Injury Surveillance Units</li> </ul>