

Australian Government
Response

The House of
Representatives
Standing Committee on
Health and Ageing

Report from the
Roundtable Forum on
Burns Prevention
(July 2010)

February 2012

**Australian Government Response to:
the
House of Representatives Standing Committee on Health and Ageing
Roundtable Forum on Burns Prevention – July 2010**

Background to the forum

In November 2009, the House of Representatives Standing Committee on Health and Ageing (the Committee) received a private briefing from Mr Julian Burton and Professor Fiona Wood OAM on behalf of the Julian Burton Burns Trust. Professor Wood, Director of the Royal Perth Hospital Burns Unit, indicated to the Committee that she believed burn injuries should be considered a chronic disease due to the long-term social and health impacts that burn injuries have on the individual, their family and the Australian society as a whole. She argued that more work needed to be done to prevent burn injuries from occurring.

The Committee held a public roundtable forum on burns prevention in Australia to better inform itself of the impact of burn injuries on individuals and society, as well as ways to minimise or prevent burn injuries in the first place.

Two discussion topics were pursued:

- The impact of burn injuries on the individual, the family and the health system.
- Ways to prevent or minimise burn injuries.

After holding a public roundtable on 1 February 2010 and receiving submissions, the Committee considered the social and financial costs of burn injuries on Australians and the health system and explored ways that these costs could be minimised. The Committee drew a number of conclusions and made twelve recommendations.

The Department of Health and Ageing attended the roundtable forum, provided one written submission and three supplementary submissions. Participants to the roundtable and contributors of written submissions are listed in Appendix A.

Recommendations and the Australian Government's response

Background and General Comments

The burden of burn injury is a significant issue, not just from an acute care perspective, but the chronic health issues resulting from severe burns; long-term physical and psychosocial consequences, due both to the injury event and subsequent treatment.

In 2007-08, unintentional injury due to fires, burns and scalds represented the sixth most common cause of injury resulting in hospitalisation in Australia (1.5%), with vulnerable groups being young children, adolescent/young adult males, the elderly and Aboriginal and Torres Strait Islanders¹. Most serious burn injury occurs in the home, resulting from accidental exposure to smoke, fire and flames, hot fluids, household appliances and electrical burns.

Hospital separations have been fairly constant over the past ten years (approximately 7000 per year); however, there is strong anecdotal evidence that reliance on hospital separation

¹ AIHW: National Morbidity Database (reported in Australia's Health 2010).

data may result in a significant underestimation of the number of people affected by burn injuries.

There are many interventions that have reduced the risk of thermal burns, especially for children, including flame-resistant clothing, smoke detectors and temperature regulation of hot water. There have been insufficient controlled studies on burn prevention interventions to determine their effectiveness at a community level, although there is limited evidence to support that these interventions reduce the rate of burns and scalds in children².

Burns management and prevention is complex, involving numerous stakeholders, including the Australian Government Department of Health and Ageing and other Commonwealth agencies, as well as jurisdictional agencies. A number of peak organisations and foundations also exist to promote burn prevention strategies and research and to provide support for burn survivors. The states and territories have responsibility for funding of burns injury services, which are primarily provided in public hospitals. Services in private hospitals are funded from a combination of Medicare, Private Hospital Insurance, work cover and motor vehicle third party compensation schemes.

RESPONSE TO THE REPORT BY THE MINISTER FOR HEALTH

On behalf of the Australian Government, the Minister for Health welcomes the Report on the Roundtable Forum on Burns Prevention by the House of Representatives Standing Committee on Health and Ageing, acknowledging that consequences of burn injuries presents difficult and complex issues for the health system, while noting that prevention of burn injuries is the responsibility of all levels of government, the private sector and the Australian community as a whole.

The recommendations in the report cover a broad range of issues and can be grouped according to three main areas:

- 1) Governance and the strategic context in which burns management and prevention sits (Recommendations 1, 2, 6, 7, 8, 9); and
- 2) Data consistency and use for safety and quality (Recommendations 3, 4, 5); and
- 3) Clinical care, community support services and training (Recommendations 10, 11, 12).

1. Governance and strategic (including legislative) frameworks - national coordination and partnership

The *National Injury Prevention and Safety Promotion Plan 2004-2014* was developed in partnership with all Australian jurisdictions and was endorsed by all Australian Health Ministers. Two other plans exist in conjunction with this plan (comprising the National Injury Prevention Plans): the *National Aboriginal and Torres Strait Islander Safety Promotion Strategy* and the *National Falls Prevention for Older People Plan: 2004 Onwards*.

These plans establish a national strategic framework for prioritising action; recognising the injury risk context for different life stages at the population level and identifying particularly vulnerable groups, including remote and rural populations and Aboriginal and Torres Strait Islanders. The plans provide priority actions for government, the private sector and the community as a whole.

² Turner C, Spinks A, McClure RJ, Nixon J. Community-based interventions for the prevention of burns and scalds in children. Cochrane Database of Systematic Reviews 2004 (edited 2009).

The National Injury Prevention Working Group (NIPWG), comprising representatives from the states and territories and the Commonwealth, reporting to the Australian Population Health Development Principle Committee (APHDPC) under the Australian Health Ministers' Advisory Council (AHMAC), was established to have joint responsibility for the implementation of the National Injury Prevention Plans. NIPWG's role is to ensure effective liaison and partnerships between jurisdictions and the Australian Government and ensure their work encompasses an intersectoral approach. Most of the work done by NIPWG to date has been in relation to falls prevention for older people, which represents the greatest burden of injury in Australia³.

Although the *National Injury Prevention and Safety Promotion Plan 2004-2014* is current until 2014, in November 2011, APHDPC gave NIPWG direction to broaden its scope and focus more generally on injury prevention and this would include a consideration of the recommendations of this report and the most appropriate response from a national strategic perspective by all jurisdictions.

In addition to the strategic and policy advice provided to governments by NIPWG, the National Burn Network is a group of burns and disaster management experts representing the Australian and New Zealand Burns Association (ANZBA) and the burns facilities across Australia and New Zealand. In response to a mass casualty burns incident, under the direction of the Australian Health Protection Committee, the Health National Incident Room may activate the National Burn Network to provide the infrastructure for a national mass casualty burns response.

The Australian Government continues to fund specific activities to reduce the likelihood of life-threatening injury, including initiatives for suicide prevention, reducing binge drinking and promoting water and snow safety.

Approximately \$330,000 (GST exclusive) is being provided in 2011-12 under the Health Surveillance Fund to support the National Injury Surveillance Unit (NISU), a collaborating unit of the Australian Institute of Health and Welfare (AIHW) to strengthen evidence based research and analysis of specific injury related issues, including a baseline analysis of injury related hospitalisations and deaths. The research and data analysis is essential in developing future injury prevention policy and providing national health goals and targets.

The Australian Government recognises the importance of burns injury prevention safety and education programs targeting at risk groups and has supported the work of a number of organisations, including the Julian Burton Burns Trust in delivering education programs targeting children and Aboriginal and Torres Strait Islander populations.

The Australian Government is supportive of the concept of coordination and promotion of national consistency between federal and jurisdictional agencies, as well as peak advocacy groups for existing national targeted education campaigns for burns prevention and commends the significant contributions by a number of government and non-government organisations in delivering targeted burns prevention campaigns to at-risk populations.

In addition, the Australian Government recognises the significant contribution that legislation, regulation and voluntary standards have played in reducing burn injuries in Australia over the past two decades. Occupational Health and Safety legislation in each jurisdiction sets out the requirements to protect workers from burns that may occur as part of their work. Whilst not uniform, state and territory coverage is comprehensive. The Australian

³ Across all age groups, falls constitute 37% of hospital admissions resulting from injury (compared to burns at 1%). Approximately 5-7% of all hospitalisations are due to injury (Australia's Health, 2010).

Government is supportive of work undertaken by the National Plumbing Regulators Forum and the Australian Building Codes Board in reviewing the Plumbing Code of Australia (PCA), as part of the development of the National Construction Code (NCC) as an initiative on behalf of the Council of Australian Governments. The revised PCA references the AS/NZS 3500 Plumbing and Drainage series of standards, including for the design, installation and commissioning of heated water services that ensure safe delivery of hot water to sanitary fixtures, such as basins, baths and showers, covering new installations and alterations, additions and repairs to existing installations. Subject to transitional arrangements, all states and territories have agreed to the adoption of the NCC by October 2012.

2. Data consistency and use for safety and quality – burns clinical registries

The Australian Government recognises the valuable role that clinical registries play in supporting quality and safety in the healthcare setting and notes that although the states and territories are responsible for the collection and management of data on burns injuries within their jurisdiction, consistent data collection is important in providing a national perspective on the extent of burn injuries in Australia and treatment outcomes to inform policy.

The Australian Government commends the work of the Australian and New Zealand Burns Association (ANZBA) in developing a national burns register and their work in fostering collaboration and information sharing between burns units in Australia and New Zealand to achieve quality outcomes and establish national benchmarks.

In August 2007, the Australian Commission for Safety and Quality in Health Care (ACSQHC) received approval from AHMAC to undertake a project to develop and test operating principles and technical standards for clinical registries. The project was undertaken in consultation with the National e-Health Transition Authority and National Health and Medical Council and has the potential to set a national benchmark for clinical registries and inform the development of the Burns Registry. The Department of Health and Ageing will write to ANZBA to encourage them to consult with ACSQHC who are positioned to provide advice on the Australian data development standards for clinical registries.

The Severe Burn Injury Annex of the *Domestic Response Plan for Mass Casualty Incidents of National Consequence* (AUSTRAUMAPLAN) acknowledges that the majority of mass burn casualty incident preparedness activities lie with the respective state and territory, including the development and collation of state and territory burn asset and facility registers including bed numbers and surge capacity. Each state and territory maintains an accurate register of burn services and their capabilities and include data on the number of ventilated beds, a roster of burns experts and information on materials necessary for burn management. States and territories are also required to establish mechanisms to rapidly identify capacity for surge in the event of a mass burn casualty incident. The National Health Capability Audit examines surge capacity in states and territories in relation to burns.

Burns are currently included in the AIHW Injury Surveillance Data Set Specification; which is used to inform the analysis of the impact of burn injuries in Australia. The Department of Health and Ageing is supportive of ANZBA contact with the National Health Information Standards and Statistics Committee through the AIHW to discuss the requirements for collection of data for both burns incidence and treatment. A clear understanding of the policy context and aims to ensure data specification and collection methods match those needs would need to be defined.

The Department of Health and Ageing maintains a number of hospital data collections, including the National Admitted Patient Care (APC) collection reported by states and territories under the National Healthcare Agreement. The APC data includes information on all patients admitted to hospital in Australia and contains clinical and demographic information for each hospital episode. Using these data, the Department can report on the number of burns-related hospitalisations and the burns-related diagnoses and surgical procedures for admitted patients.

All states and territories have undertaken to adopt a nationally consistent approach to Activity Based Funding which is expected to involve patient level data being collected for non-admitted care types (emergency department, outpatients, sub-acute and hospital auspice community care). Although this patient level data collection has yet to be developed and agreed, it is likely their implementation will greatly increase the available data on people with burn injuries.

3. Clinical care, community support services and training:

In terms of clinical care, programs and interventions for burns are typically implemented in a particular area of a state or territory by a state or territory health service; which includes the recruitment and training of specialist care staff. The evaluation of any program, including the collection of data for evaluation purposes, would ideally be embedded in the program at the hospital or health service level.

The Australian Government recognises that there are a number of community-operated and non-government-funded networks that have been established to provide support and information to burn injury survivors. The Australian Government considers that ANZBA is well-placed to assess existing information and support networks available to burn injury survivors and to communicate to clinicians caring for patients those resources and services that are most relevant to their patients' needs.

The Australian Government commends work being undertaken by organisations including St John Ambulance in raising awareness of first aid training in Australia. The Australian Health Protection Committee, which reports to AHMAC and comprises representatives of all Australian jurisdictions, including burns experts, has acknowledged the importance of first aid training in building disaster management capability.

Appendix A

Roundtable Participants

Australian and New Zealand Burn Association

- Professor Peter Cameron, Chair, ANZBA Registry Steering Committee
- Mrs Shelia Mary Kavanagh, President

Burns South Australia Aboriginal Burns Program

- Mr Kurt Towers, Manager, Aboriginal Burns Program
- Mrs Yvonne Buza, CEO, Aboriginal Health Council of South Australia

Council on the Ageing Seniors Voice

- Mrs Debra Petrys, General Manager, National Programs

Australian Government Department of Health and Ageing

- Dr Andrew Singer, Principal Medical Adviser Acute Care

Julian Burton Burns Trust

- Mr Julian Burton, CEO
- Mr Wayne Griffith
- Professor Peter Maitz, Board Member
- Ms Terri Scroggie
- Ms Jessica Scroggie

KIDS Foundation

- Mrs Kellie Dunn, Founding Director
- Mrs Nerissa McCartney, Program Co-ordinator Burn Survivor Network
- Mrs Susie O'Neill, Founding Director

St John Ambulance Australia

- Professor Roy Kimble, Medical Adviser
- Mr Stephen van Gerwen, National Training Manager

Submissions

1. Australian Government Department of Health and Ageing

1.1 – (Supplementary)

1.2 – (Supplementary)

1.3 – (Supplementary)

2. Julian Burton Burns Trust

2.1 – (Supplementary)

3. NSW Statewide Burn Injury Service

4. Australian and New Zealand Burn Association Burns Prevention Committee