



Rachel Lee

A hazardous life

Our role in injury prevention

Having an active toddler has certainly made me far more aware of injuries, or more accurately, hazards with the potential for injury. Everyday situations and household objects suddenly become death-traps and I find myself muddling along a line between being overly protective and overly relaxed. My approach varies according to some quasi-scientific factors such as 'probability of injury' and 'severity of possible injury'. However, it also varies with 'convenience' factors such as 'in a hurry so bad timing for a fall right now' or 'she keeps climbing that so should let her fall while I'm here so she understands the danger'. The most injury prone times are when I'm multitasking, she's tired or other caregivers are present with no clear delineation of responsibility.

On reflection, my approach and these small challenges are not so different from our broader societal approach to injury prevention and occupational health and safety. Injuries are still a serious problem in Australia, with approximately 9924 deaths annually.¹ As a nation we have been world leaders in this field but we continue to negotiate a similar line between complex and hard to enforce regulations and approaches that are perhaps too permissive. The National Injury Prevention and Safety Promotion plan 2004–2014 attempts to bring more consistency and a 'whole of government approach' to this important area.² Like any issue requiring behavioural change a comprehensive, sustained, multipronged approach is typically most effective.³ Direct modification of hazards is certainly very effective, and the combination of legislation and public awareness campaigns have been highly successful – compulsory seatbelts being the prime example.⁴

In the public eye, government bodies, public health practitioners and occupational health

specialists have largely dominated the realm of injury prevention. What then is the role of general practitioners within this sphere? Should we be thinking more about injury prevention?

In some areas the role of the GP injury prevention is clear. In our practices we must ensure a safe environment for our staff, our patients and ourselves. Also, we often discuss injury prevention with individual patients – for example during travel consultations, after acute injuries or during pre-employment assessments. However, some GPs play a more active role by undertaking workplace assessments and modifications through WorkCover and being involved in different community groups and forums where they tackle broader safety issues. These broader roles illustrate that GPs are uniquely placed to have significant involvement in injury prevention – we know and are trusted by our communities, we have a preventive health focus and we are used to both complex systems and the challenges of behavioural change. I suspect we could have a far stronger voice and bigger impact in injury prevention than we currently do.

While prevention is important and always better than cure, injuries will occur. This issue of *Australian Family Physician* is packed with articles about common and important injuries that are managed in primary care. Ackland and Cameron⁵ explain how GPs should assess patients with potential cervical spine injuries in both the acute setting and for the more difficult delayed presentations. Lynham, Trickett and Warnke⁶ provide excellent information about maxillofacial trauma, highlighting injuries requiring referral, injuries that must not be missed and injuries that can safely be managed in the primary care setting. Eddy⁷ focuses on hand injuries, the commonest occupational injuries in Australia, providing a framework for assessment and details about the management of common hand and finger injuries, and Brun⁸ outlines common acute shoulder injuries and the principles of management. He also has

a companion piece in this issue that outlines the key history and examination for a patient with an acute shoulder injury. Finally Shiraev, Anderson and Hope⁹ discuss the presentation, diagnosis and management of meniscal tears.

I hope these articles provide an evidence based approach to the common injuries you see in your practice. I also hope the topic spurs you to look beyond injuries to safety and hazards in your practice and the communities you work in, inspiring you to consider: 'What can I do to prevent injuries?'

Author

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