

WORK- AND FARM-RELATED INJURY

GUEST EDITORIAL

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Work-related injury and illness are significant public health problems that, traditionally, have not been well addressed by the health sector. However, with increasing commitment to intersectoral planning, and the growth of community-based approaches in injury prevention, the health sector is becoming a key player in worker health and safety.

The public health approach to work-related injury shares much in common with the approach of occupational health and safety (OHS). Both draw significantly from the work begun in the 1960s on traffic safety by William Haddon of the United States National Highway Safety Institute. Haddon, who came from an engineering background, merged the detailed examination of individual injuries with a population approach to identify common risk factors; the title of the article he wrote on this subject was a 'transition to approaches epidemiologically rather than descriptively based'.¹

Outside of traffic injuries, one of the first safety areas to pick up on the work of Haddon was that of OHS. In 1982, the United States National Institute for Occupational Safety and Health (NIOSH) developed the Fatality Assessment and Control Evaluation (FACE) research program for the identification and investigation of fatal work-related injuries.² The goal of FACE was to collect information on traumatic occupational fatalities using an epidemiologic approach, and to develop and disseminate recommendations to prevent similar events in the future.³ This approach reflected the public health stance that the aetiology of injuries is multifactorial and, largely, preventable.

This issue of the *NSW Public Health Bulletin* presents an epidemiological view of farm- and other work-related injuries in New South Wales, with examples of initiatives by the health and OHS sectors to address these injuries and the burden they present. As you will see through the articles presented, the prevention of farm work-related injuries provides an interesting nexus between the approaches of health and OHS. Because

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the work setting on farms is also the place of residence for the farm family, the significance of the often overlooked area of 'bystander' injuries is highlighted. Further, the value of community-based approaches (more typically the realm of the health sector) is also apparent—given the difficulty of applying regulatory inspections and enforcement strategies to the farm worksite.

Driscoll and Mitchell provide an overview of work-related fatalities in NSW, by pulling together the findings from national studies on work-related fatalities and more recent workers' compensation data. Through this article we learn that there has been a steady decline of 3.1 per cent per annum in all deaths covered by the workers' compensation system for the period 1991–92 to 1998–99. The article highlights the need for a comprehensive database describing work-related fatalities. Through checking the records contained in each of the databases currently available, the authors revealed that workers' compensation and OHS databases between them identify only 68 per cent of work-related fatalities.

Franklin and Crosby describe their findings from the same national study, but in connection with farm-related fatal injuries. We can identify that fatalities in connection with farm work represent 67 per cent of farm-related fatalities (that is 124 of the 185 farm-related deaths in NSW during 1989 to 1992). Of these farm-related deaths, 34 were bystanders—reflecting the fact that most farm enterprises are also the farm family residence—and 27 deaths were of people involved in other incidents on a farm. Acknowledging the gaps in our understanding of the causes of injuries associated with the complex problem of farm-related injuries, the authors identify current directions for prevention activities. Many of these priorities are being taken up by Farmsafe NSW in partnership with Farmsafe Australia, the Australian Centre for Agricultural Health and Safety, WorkCover NSW, the NSW Water Safety Taskforce, NSW Agriculture, and NSW Technical and Further Education Commission.

Fragar and Houlahan provide us with a picture of the context of planning farm injury prevention strategies, including an appreciation of the variety of farming enterprises and the associated hazards. The public health approach to farm injuries acknowledges the multifactorial nature of farm-related injuries and the importance of evidence-based planning. This sits alongside the regulatory context of OHS and the unique features of farms as worksites. The Australian Centre for Agricultural Health and Safety and Farmsafe are key driving forces behind the growing understanding of, commitment to, and action on, farm-related injuries.

Two short articles illustrate current planning and action to prevent farm-related injuries. The rebate scheme implemented by WorkCover to address the often fatal, yet highly preventable, problem of the operators of tractors being crushed in the event of a tractor rolling over is described. A brief report on the *Child Safety on Farms* strategy presents the priority areas that are being raised at a national level to reduce the deaths, each year, of 30 children and the hospitalisation of around 600 others as a result of injuries sustained on farms.

Another article describes the extent of, and trends in, work-related injuries and diseases in poultry farming in NSW, using data from the Workers' Compensation Scheme. Poultry farming was the fifth largest rural industry in NSW in 1999–2000, employing about three per cent of the total workforce in the rural industry sector.

The final article in this issue presents another work health matter of concern to the rural sector—Q fever, and the recent introduction of the Q Fever Register. Q fever is generally transmitted to humans via airborne particles or dust from the waste and body fluids of infected livestock—making it a concern to workers in the meat industry, livestock farmers and rural veterinarians. The NSW Department of Health has been represented on the industry sub-group advisory committee to the matter of Q fever since the inception of the Q Fever Register, which is now operational and attracting a significant number of new registrations each month.

The progress described in enhancing worker health and safety is encouraging. Our understanding of work injuries and illness is growing—although alongside such knowledge we can also see more clearly the gaps in our knowledge. Opportunities such as those provided by the National Coronial Information System and, in the future, the potential to generate comprehensive reports from the NSW Department of Health and WorkCover NSW databases will help to fill these gaps.

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