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Introduction

1.1   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.

1.2   The committee resolved to hold 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.

1.3   The committee determined that a public roundtable forum would be the best manner in which to conduct this inquiry. This forum would afford an opportunity to gather interested individuals to discuss the issues and recommend potential solutions.

The roundtable

Parameters of the report

1.4   This report of the public roundtable forum draws together the evidence received at the public roundtable, and in the written submissions, to reach conclusions about the need to prevent and minimise burn injury in Australia.

1.5   Chapter two details the extent of burn injuries in Australia including a definition of burn injuries and the cost of burn injuries to the health system. Chapter three contains the committee's discussion and conclusions and is structured around the following four themes:

- lack of a national burn injury prevention plan;

- inadequacies in information and data;

- insufficient national prevention and education campaigns; and

- complexity of the care and support that is provided to burns survivors.

Conduct of the roundtable

1.6   The public roundtable was focused on two discussion topics; firstly, the impact of burn injuries on the individual, the family and the health system; and secondly, ways to prevent or minimise burn injuries. The discussions sought to consider the social and financial costs of burn injuries on Australians and the health system and explore ways that these costs could be minimised.

1.7   The committee selected a number of organisations which would give a broad range of views and represent diverse interest groups including burns survivors, medical practitioners, burns support networks and first aid providers. The participants in the public roundtable discussion, which was held in Canberra on Monday, 1 February 2010, were as follows:

- Australian and New Zealand Burn Association;

- Burns South Australia Aboriginal Burns Program;

- Council on the Ageing Seniors Voice;

- Australian Government Department of Health and Ageing;

- Julian Burton Burns Trust;

- KIDS Foundation;

- St John Ambulance Australia; and

- several individual burns survivors.

1.8   In addition to the public roundtable, the committee accepted as evidence four submissions, four supplementary submissions and one exhibit from interested persons or organisations. These are listed in Appendices B and C.

1.9 The committee also took the opportunity to visit the Burns Unit at Royal Perth Hospital on Monday, 15 February 2010. This enabled the committee to gain further insight into the complexity of treating and managing burns patients within the medical system. The committee thanks all the staff of the Burns Unit who took the time to show the committee around the facility.

1.10 The committee would also like to extend its thanks to all of the individuals and organisations that travelled to Canberra to participate in the public roundtable, or made submissions to the inquiry. The committee extends specific thanks to the burns survivors who gave a personal account of their experiences at the public roundtable. Their evidence has enabled a more in depth understanding of the imperative of preventing or minimising burn injuries in the first place.