



Government of South Australia

Central Northern Adelaide
Health Service

Submission No. 2.1

(Burns Prevention)

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Chairman, Health and Ageing Standing Committee,
Parliament House,
Canberra ACT

20th May 2010

A submission relating to the Parliamentary Enquiry into Burn Injury

I am the Director of the Adult Burn Centre at the Royal Adelaide Hospital in South Australia and a co-founder of the Julian Burton Burns Trust. Julian has asked me to drop you a line regarding the magnitude of workplace related burn injury prevalence and the need for education and prevention strategies therein.

Of 450 admissions to the Burns Centre at RAH annually, approximately 10% occur in the workplace. There are two distinct groups. By far the largest group comprises small burn injuries, very frequently scalds due to either hot water or cooking fluids (oil, sauce, etc) originating in the hospitality industry (chefs, cooks, kitchen assistants, waiters/waitresses, etc). The smaller group are much more significant burn injuries due to flame, molten metals or glass, high voltage electricity, large volume strong chemicals, etc. from a number of large, heavy South Australian industries.

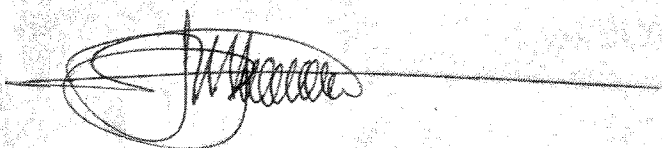
In 2007, I and one of two senior nurses (Sheila Kavanagh or Stuart Harper) embarked on industry packages which involved a site tour, preparation of a report, provision of burn first aid and emergency management education to site first aid officers, occupational physicians and safety officers. These programs were held at Zinefex (now Nyrstar) at Port Pirie on 9th May, OneSteel at Whyalla on 27th July and Olympic Dam mine and metallurgical plant on 2nd and 3rd October. The reports produced are available for scrutiny should you desire.

The outcome of these visits has been threefold. Primarily, a large and abrupt fall was noted in burns presenting from these industries. Secondly, an open and frank dialogue regarding their ongoing plans to improve plant safety from a burn perspective has developed. Thirdly, when injuries have occurred since they have been relatively small and immediate consultation and referral with tertiary burn services at the RAH has been occurring. We are immensely pleased with these outcomes and have only praise for the foresightedness of these companies.

We have always hoped to provide similar education to the hospitality industry but the widespread, diverse and fragmented nature of this industry has made this impossible as yet.

It is clear that such packages, oft repeated and reiterated, do make an impact on burn presentation and the quality of first aid administered before presentation and I wholeheartedly support the efforts of the Trust in this regard. As usual South Australia has been the successful pilot for this kind of workplace intervention and a cogent and expanded approach nationally should have the same beneficial effect as we have experienced. I would certainly be happy to run, or participate in, the national expansion of our education efforts to reduce workplace burn injury.

Kind regards

A handwritten signature in black ink, appearing to read 'J. Greenwood', is written over a horizontal line.

A/Professor John E Greenwood AM
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Director, Adult Burn Centre, Royal Adelaide Hospital