Currently, there are an average of 87 drownings in NSW each year. Drowning represents the sixth most common cause of accidental death in NSW. As described by Williamson and Schmertmann in the previous article, certain age groups demonstrate higher incidences of drowning, and males in general are more likely to die as a result of drowning than females. As incidents of drowning and near-drowning are considered to be largely preventable, they are a major safety concern for the community. This article describes the NSW Safety Taskforce and the intersectoral activities ensuing to reduce the incidence of drowning and near-drowning in NSW.

The NSW Minister for Sport and Recreation established the NSW Water Safety Taskforce, in recognition of the importance of water safety and the need for a coordinated approach. The Taskforce is comprised of 14 member organisations (Table 1).

### TABLE 1

**NSW WATER SAFETY TASKFORCE: MEMBER ORGANISATIONS**

- Australian Professional Ocean Lifeguard Association
- Austswim NSW
- Farmsafe NSW
- Kellogg Australia
- Royal Life Saving Society, NSW Branch
- Surf Life Saving NSW
- Waterways Authority
- NSW Community Relations Commission
- NSW Department of Education and Training
- NSW Department of Local Government
- NSW Department of Health
- NSW Department of Sport and Recreation
- NSW Local Government and Shires Association
- NSW Premier’s Department

The Taskforce developed the *NSW Water Safety Framework 2001–2003*, to assist in developing and presenting strategic advice to the government on matters related to water safety. The overall goals of the framework are to:

- achieve a coordinated and collaborative framework for water safety in NSW;
- ensure an effective and strategic management of water safety in NSW.

Three priority areas have been identified in the framework—education, standards, and evidence—which are accompanied by seven objectives and 19 strategic directions. A lead agency has been identified for each strategic direction: the NSW Department of Sport and Recreation for education, the Waterways Authority for standards, and the NSW Department of Health for evidence.

### Priority—Education

The education component of the Taskforce has included:

- launch of *SafeWaters* in 2001;
- televised public awareness campaign for *SafeWaters*;
- development of the *SafeWaters* Web site;
- development of *SafeWaters* information brochures;
- a poster competition, run primarily in schools with large numbers of children from non-English speaking backgrounds, which aimed to illustrate key water safety messages.

### Priority—Standards

The standards component of the Taskforce has included a review of all policy, legislation, regulations, and standards related to water safety, particularly in the areas of:

- minimum training standards and registration of lifeguards;
- collection of information on near-drownings at beaches and public swimming pools;
- compliance and enforcement of residential swimming pool fencing;
- safety issues around rockfishing.

### Priority—Research

Research is currently being conducted in a number of areas for the Taskforce, including:

- a feasibility trial of collecting data using a minimum dataset for water safety at a number of NSW beaches and public swimming pools;
- collection of information on the number of people who take part in specific water-related activities (such as rockfishing) and/or visit particular aquatic populations. These results suggest that intervention activities, which target these groups, should focus on boating and swimming.

**REFERENCES**

venues (such as beaches or who have access to private swimming pools) to establish estimates of exposure to risk;

- an investigation of the circumstances surrounding the drowning of children aged 0–6 years in NSW;
- assessment of the feasibility of using community health centres as a contact point for drowning prevention information;
- a feasibility trial of using a Safe Community partnership model to distribute drowning prevention information and increase the number of people in a given area who either learn or renew their skills in resuscitation techniques;
- assessment of how differently-sized local government councils approach the issue of compliance with regulations regarding backyard swimming pools, including an analysis of the management issues confronting the councils;
- a survey to assess the perceptions of water safety and use of aquatic areas in rural and remote locations in NSW;
- a survey of local government councils regarding the type of information that is held regarding swimming pools owned by their residents;
- an investigation of fatalities of people rockfishing over the last 10 years in NSW.

The vision and ultimate outcome sought through the implementation of the NSW Water Safety Framework 2001–2003 will be a reduction in the trend in the annual rate of drownings, near-drownings, and water-related incidents in NSW.

For more information about the NSW Water Safety Taskforce visit the Web site at www.safewaters.nsw.gov.au.

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Little is known about the prevalence, nature, and cause of injury experienced by Aboriginal people, or the effect that injury has on the individual, the family, and the community. Until recently the most comprehensive analysis of injury in Aboriginal communities was the Study of Injury in Five Cape York Communities completed in April 1997.1

With resources provided by the NSW Department of Health, the Mid North Coast Aboriginal Injury Surveillance Project has replicated elements of the methodology used in the Cape York Study. The project sought to describe patterns of injury, identify risk factors, and formulate responses that improve the health of Aboriginal people residing within the Mid North Coast Area Health Service.2 This article briefly describes the report of the project.

The Mid North Coast Aboriginal Injury Surveillance Project commissioned a study that analysed emergency department data and hospital separation data over a 12-month period from 1 July 1999 to 30 June 2000. The study also employed qualitative methods including event-narratives, semi-structured interviews, and focus groups. These quantitative and qualitative methods were combined to identify and describe the injury experiences of the local Aboriginal community. In addition, the study attempted to determine the accuracy of identification of Aboriginal status recorded in routine data collections.

The study uncovered layers of contributing factors that perpetuate the frequency, severity, and risks associated with injury experienced by the local Aboriginal community. The main factors contributing to injury rates included poor environmental management, inadequate access to services and facilities, and a lack of societal opportunity in relation to employment and social activity.

An immediate outcome from the report has been the acknowledgment by local Aboriginal communities of the significant role that they can play in reducing the risks associated with injury. This potential role includes identification of acceptable opportunities for future coordination, and the cooperation of various health providers and other agencies to enable a positive change.