R Barker*. *Queensland Injury Surveillance Unit, Mater Health Services, South Brisbane, Queensland, Australia*

Background Clinicians in a variety of fields are at the receiving end of many injury incidents. Information relevant to preventing injury is often discussed, less often documented, and rarely acted upon other than after-the-fact behavioural advice to the patient or caregiver. The latter is due to many factors, including work load, lack of non-clinical time, lack of awareness of relevant injury prevention networks and a limited understanding of the complex frameworks that underpin community safety and injury prevention.

Aims/Objectives/Purpose To describe how non-clinical injury prevention practitioners and clinical health practitioners can engage to develop stronger and more effective injury prevention partnerships.

Methods The author works as an emergency paediatrician and directs the Queensland Injury Surveillance Unit. In collaboration with a range of partners from diverse backgrounds, she has been able to deliver several injury prevention outcomes, across a variety of injury topics. The author also has experience in attempting to engage clinicians (nursing and medical) to participate in injury prevention activities.

Results/Outcome The presentation will describe ways of collaborating across silos using recent injury prevention activities to illustrate how outcomes can be achieved. This will be presented under the following headings:

- Clinicians don't answer emails: collating clinical cases of lye water ingestion in Australia
- But the right answer is obvious: toddler falls from balconies and a quest to change the Australian Building code
- True injury surveillance: engaging families and clinicians in reporting product related injury

Significance/Contribution to the Field This paper is a call for greater collaborative engagement between injury prevention practitioners and clinicians, in order to more effectively deliver injury prevention outcomes.

Concurrent F: Collaboration, Translation and Implementation

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**'WHY SOMETIMES I'VE BELIEVED AS MANY AS SIX IMPOSSIBLE THINGS BEFORE BREAKFAST':
TRANSLATING CLINICAL EXPERIENCE INTO INJURY
PREVENTION OUTCOMES**

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