



INJURY BULLETIN

QUEENSLAND INJURY
SURVEILLANCE & PREVENTION
PROJECT

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This Month

- A short report examines injuries in the **Central Western Region of Queensland** following the completion of six months of data collection from this area.
- **OCCUPATIONAL INJURIES:** Deals with injuries to food preparation workers.
- **DID YOU KNOW?** Discusses injuries from aerosol cans.
- **VIOLENCE:** We examine self-inflicted injuries due to aggression.
- **GLASS INJURIES:** With a focus on injuries to the feet.

INJURIES IN THE CENTRAL WEST OF QUEENSLAND



The Central Western Health Region based in Longreach completed its first six months of rural injury data collection on December 31st, 1993.

The health professionals in the region have shown great commitment to data collection with one injury presentation reported by the QISPP hospital for every 35 people in the Region, which has a population of a little over 14,254. This is almost twice the injury presentation rate reported in the Brisbane metropolitan area, despite the comparatively longer distances people have to travel for medical treatment in the region.

According to the data, males were more likely to be injured in the Central Western Region

than in Brisbane South with three quarters of those presenting for treatment in the region being males, compared with two thirds of injured people in the Brisbane metropolitan area being males.

Children aged one year and thirteen years were at risk from injury in this part of Queensland more than children of other ages.

In adults, injuries occurred most commonly in the 20 to 24 years age group. Fewer injuries occurred in homes in central western Queensland than in metropolitan Brisbane.

More country people reported being injured on the job than city dwellers, but two thirds of these did not intend to claim worker's compensation, compared with two thirds of city dwellers injured at work who did intend to claim compensation for their injury.

According to QISPP data, violence-related injuries were twice as common in the metropolitan area as in rural areas.

Football, knives and vehicles (particularly car rollovers) were the factors most often implicated in rural injuries. Injuries involving post-hole diggers, pig bites and grinders were part of a pattern of injury which differed from the Brisbane South Region.

RURAL VIDEO

QISPP has available for distribution a video entitled '**Putting Safety First on the Farm**'. It is a 15 min. film produced by Country Safe which deals with injury prevention in agriculture. The film is detailed, pertinent and interesting.

Topics dealt with include tractor safety, seeding, hay cutting, hay baling, electricity, harvesting, gun safety, stock handling, chemicals and safety when working with tyres, windmills and chainsaws.

Copies of the film can be purchased from QISPP at a cost of \$30.00 plus postage (\$2.80). Please contact QISPP on (07) 840 8569 if you are interested.

INJURIES TO FOOD PREPARATION WORKERS

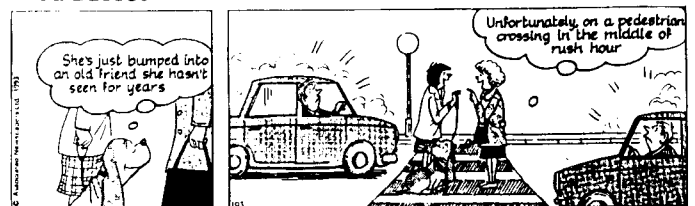
QISPP examined 'on the job' injuries to cooks, kitchen hands and other food preparation workers. During the six year period from 1/1/88 to 31/12/93, 1,387 such cases were recorded. Of these, 60% were males and the most commonly affected age group in both sexes was the 15 to 19 year age group (30% of all cases).

In 41% of injuries the worker dropped or lost control of food preparation materials, mainly knives (23% of cases). Another 18% of injuries occurred when the person sustained a fall at work. In one-third of these cases, the worker slipped on a wet floor due to spilled water, oil or other cooking ingredients. Twenty-one patients were reportedly injured in transport accidents while travelling to or from work.

As nearly a quarter of injuries were caused by knives, it is not surprising that the most common injuries were cuts and lacerations (45% of injuries), mainly cuts to the finger (31% of all cases). Burns (20% of injuries) were caused by contact with hot liquids, food or chemicals, touching hot appliances or exposure to electrical current.

The injuries to cooks, kitchen hands and other food preparation workers tended not to be severe, as only 4% required admission to hospital. This compares with the average admission rate of 12% for all injuries on the database. 55% of food preparation workers required follow up treatment after the initial presentation for injury.

Fred Basset



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DID YOU KNOW?

INJURIES FROM AEROSOL CANS



There are 67 cases of injury involving aerosol cans recorded on the QISPP data base during a six year period ending 31st December, 1993. Of these cases 43% involved children under the age of fifteen.

The majority of cases (69%) were injured in residential settings. Injuries on the job accounted for one fifth of the presentations.

The most common scenario was where the aerosol can was held incorrectly and the contents sprayed directly into the face or eyes. Exploding aerosol cans accounted for 12% of cases and in five of these, direct contact with heat or flame was indicated i.e. lighting a match or the can being incinerated. A further three explosions were the result of the can being punctured.

Of the 29 children injured, most were playing with the can at the time of injury and six actually injured a friend or sibling by spraying the aerosol at them during play.

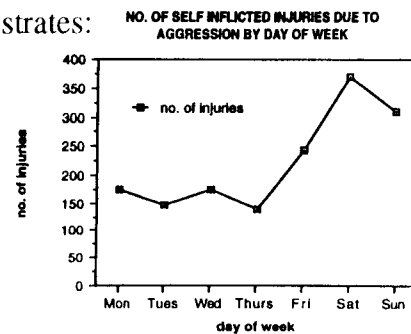
Ten percent of cases required admission to hospital. Almost two thirds of the cases treated in the emergency department and discharged home required further treatment or review.

The most common injuries (55%) were burns, inflammation and foreign bodies to the eyes, followed by systemic injuries (19%) including 12 cases of poisoning through mouth/skin/lungs etc. and one of respiratory difficulty.

SELF-INFLICTED INJURIES DUE TO AGGRESSION

Over a six year period from 1/1/88 to 31/12/93, QISPP recorded 1,560 injuries which occurred when the person unintentionally inflicted injury on themselves due to acts of aggression. A common injury scenario was that while fighting or in frustration, the person punched the nearest object injuring themselves.

Of the 1,560 cases recorded, 83% were male, with 60% of injured males aged 15 to 24 years. The injuries were most likely to occur towards the end of the week, as the graph below demonstrates:



Most of the injuries (64%) occurred in a residential setting, while 11% occurred in areas of commerce (e.g. shop or hotel), 9% in areas used for transport, 4% on sporting fields and another 4% in an educational institution. Thirty-five persons reported that the injury occurred while on duty at work.

In five percent of cases, alcohol was reported to be a factor, although this figure is likely to be an under-representation.

83% of injuries were to the upper extremity, as reflected in the fact that most injuries were caused by punching or hitting out with the hand. The most common injuries were cuts and lacerations (35%), fractures (34%) and bruising (18%) with fractured metacarpals accounting for 22% of all injuries. The most common objects hit at were ceilings and walls (389) windows (229) and items of furniture (103).

Of the 1,560 injuries, 10% required admission to hospital while 53% required further treatment.

INJURIES TO FEET FROM BROKEN GLASS



Glass contributes in many ways to modern life. Window glass and glass containers are common to every household. Glass is able to be recycled and it has many other admirable characteristics.

The QISPP database has records of 1,256 people who suffered lacerations to feet from broken glass over the five years to the end of 1993.

The peak age group was in the 15-20 year age group. Females outnumbered males by about two to one for injuries treated in the emergency room and for those who were admitted to hospital. Ninety-eight (7.8%) of those attending the emergency department were admitted to hospital.

The most common time to be injured was between 2 and 4 pm on Saturday or Sunday, during the Summer months from December to March. Injuries to the feet from glass occurred at home (59%), on roads and footpaths (11%), outdoor recreation areas (10%) and water based recreation areas (6%). Three percent occurred at schools and public playgrounds.

Three percent of those injured described the context of their injury as occupational. One of these people was admitted to hospital. In contrast, 9% of those injured at home were admitted to hospital.

People trod on glass while jogging, walking running, wrestling, breaking up fights, and attending motor vehicle accidents. They trod on glass in the back yard, in the house, in swimming pools, in creeks, on the road, in the bush, in sheds and on footpaths.

Some victims who trod on glass did so after dropping a glass container, however, many of the victims who trod on glass did so in places where they were not expecting it.

PRODUCT RECALL NOTICES

EVEREADY: Eveready Dolphin Lantern that was made prior to July 1986, there is a slight chance that the lens could blow out due to the exceptional waterproof seal of the lantern. To ensure that this does not happen a new lens plate with safety features found in all subsequent models will have to be installed. Contact 1800 633 111.

BONAIRE PYROX: 40cm wall mounted fans (model No. 0330008) are not fitted with an internal earth wire to the rear mounting panel as required by Australian electrical authorities. Contact Mr. Graeme Pfitzner, 26 Nylex Avenue, Salisbury, phone (08) 258 5314.

