



INJURY BULLETIN

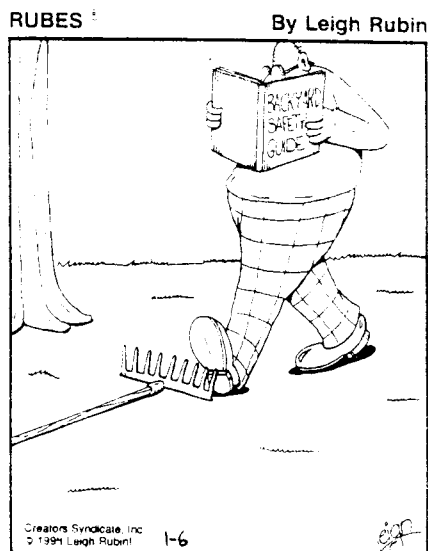
QUEENSLAND INJURY
SURVEILLANCE & PREVENTION
PROJECT

Ground Floor, Clarence Court
Mater Children's Hospital
South Brisbane Q 4101
Ph: (07) 840 8569

*Mater Adult's Hospital Mater Children's Hospital Mater Priority Emergency Centre Redlands Hospital
Logan Community Hospital Queen Elizabeth II Jubilee Hospital Princess Alexandra Hospital*

This Month.....

- **National Minimum Data Set Injury Surveillance form and software.**
- **Hazard Ranking: A new perspective on sporting injuries.**
- **Injuries in kitchens and children under five.**
- **Injuries on buses.**



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QISPP DEVELOPS NEW NMDS INJURY SURVEILLANCE FORM AND SOFTWARE

In accordance with the data collection and coding guidelines of the National Minimum Data Set for Injury Surveillance (NMDSIS), QISPP has developed a new injury data collection form for use in its participating hospitals. The form facilitates collection of the seven core data items outlined in the NMDSIS either at the basic level of detail demanded by NMDSIS, or at a second more detailed level developed by QISPP.

QISPP is also in the final stages of developing a sophisticated PC based software package called **InjureZ**. **InjureZ** has the capacity for:

- manual data entry from the new data collection form described above
- electronic data download from any Emergency Department software collecting NMDSIS data
- ISIS-style analysis and reporting functions on NMDSIS data.

InjurEZ requires either Microsoft Windows on a 386 or better PC compatible or a Macintosh with a 68030 or better processor. Eight megabytes of memory is recommended for optimum performance although small **InjurEZ** databases will run with less memory.

The cost of **InjurEZ** is \$500 for the software and the runtime license plus \$100 for every 1,000 records to be collected. The software comes in versions which accommodate different sized applications. Thus, a sporting club that expects to collect less than a thousand cases would pay \$600, whereas a state injury control project collecting 50,000 records would pay \$5,500 for **InjurEZ**. QISPP will sell and support **InjuryEZ** injury surveillance management software and any enquiries should be directed to Denise Jones at QISPP on (07) 840 8569.

INJURIES IN KITCHENS TO CHILDREN UNDER FIVE

During the period 1/1/88 to 31/12/93, 1,332 Brisbane South children under five suffered a severe enough injury in a kitchen to warrant being taken to hospital.

One third of these children were between one and two years of age.

In this age group, eight per cent of injuries in the home occurred in the kitchen (more than half - 53% occurred in the living or sleeping area, 33% occurred in the garden or garage and 6% occurred in the bathroom, laundry or toilet).

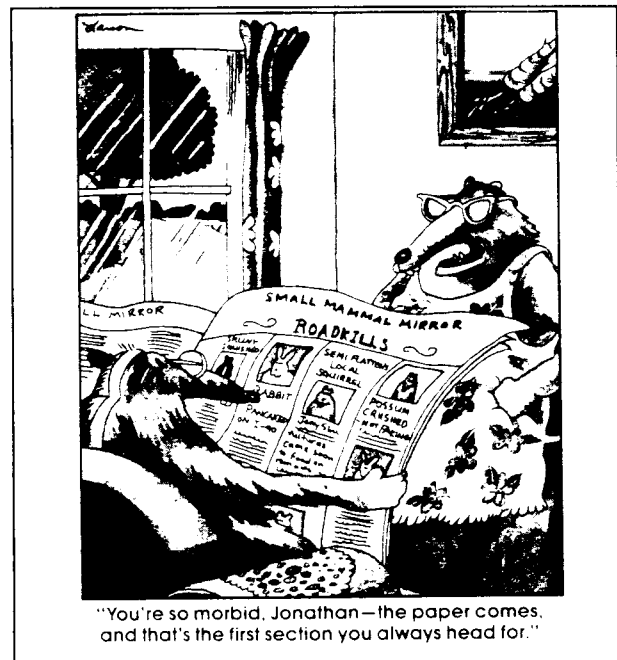
Children in this age group sustaining injuries in the kitchen were admitted at a rate of 19%, compared with an admission rate of 20% for injuries occurring in the garden or garage.

The Hazard Score System (where lowest score indicates most dangerous area) applied to injury data in this age group produced a rating of 3 for garden injuries, 4.5 for living/sleeping area injuries, 5 for kitchen injuries and 7.5 for injuries occurring in the bathroom, laundry or toilet.

Poisonings and burns were the most common type of injury suffered by children under five in the kitchen (54% of cases). The trunk was the body part most commonly involved in burn injuries (one quarter of burn injuries), followed by hands and fingers (20%) and arms (20%). The most serious burn injuries, (indicated by an admission rate of 34%), were burns to the face and head, followed by burns to the trunk (admission rate of 30%).

Seven percent of these under five year olds injured in kitchens suffered concussion and five percent suffered fractures. Forty eight percent of those with fractures required admission to hospital.

Drugs and medications were implicated in 20% of injury cases, and cleaning agents and chemicals in a further 5% of cases. Food and drink such as gravy, hot water, tea, coffee, soup and other hot beverages were implicated in 18% of cases.



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INJURIES ON BUSES

QISPP recorded 475 injuries to people on buses during a six year period ending on 31/12/93.

Seven percent of these people reported being on the job at the time of their injury.

Five percent of people were on minibuses when injured.

The age distribution of these injuries was bimodal, with peaks occurring at 10 to 19 years (24% of cases), and 60 to 69 years (15% of cases).

BUSES WITH MORE THAN TWENTY SEATS

Motor vehicle accidents involving buses

Of the 449 people injured on buses with more than twenty seats, 40% were injured in motor vehicle crashes or during sudden swerving or braking of the bus.

Of these, 73 (40%) were sitting in the bus and were injured when thrown forward against the rail or seat in front, or thrown off the seat onto the floor.

A further 32 (18%) were reported to be standing or walking in the bus when thrown off balance by the motion of the bus. In three of these cases the bus started forward before the passenger had completed alighting from the bus.

In 43 cases of injuries to bus occupants the bus collided with a car; in other cases the bus collided with larger vehicles such as other buses (19 incidents), trucks, semi trailers and cranes. Other scenarios in which bus occupants were injured were buses striking houses, dogs or pedestrians, or rolling over steep inclines.

Alighting from or boarding a stationary bus

A further 33% of people injured themselves while alighting from or boarding a stationary bus. These people slipped, tripped or fell down or up the bus steps, injuring their ankles, feet or knees. Twenty percent suffered fractures. 8% of people injured in this way required admission to hospital.

Bus doors and other incidents

20% of people injured on buses with more than twenty seats were injured in a miscellany of other incidents such as the bus doors closing on them (22 cases), tripping in the bus, being stood on by other passengers, getting foreign matter in their eyes, being struck by falling luggage or catching or bumping themselves on projections in the bus. These injuries tended to be minor, with only 6% requiring admission to hospital.

Intentional injuries and horseplay

Of the 449 injured on large buses, 23 sustained injuries related to violence and 3 were injured during horseplay. The majority (three quarters) of these were aged under 15 years.

MINIBUSES

26 of the 475 bus injuries reported to QISPP occurred on minibuses. Of these 15 (58%) were the result of motor vehicle accident scenarios similar to those in which large buses were involved. The circumstances surrounding the remainder of the injuries also closely mirrored those occurring with large buses.

HAZARD RANKING: A NEW PERSPECTIVE ON SPORTING INJURIES

Denise Jones BSc QISPP Co-ordinator

QISPP recorded 8,336 sport-related injuries presenting at South Brisbane hospitals in the two years ending 31.12.93.

7% of these sport-injured people required admission to hospital.

The sports **most frequently** implicated in presentations at Brisbane South hospitals during this period were:

sport	proportion of sports injuries
football/rugby	40%
soccer	10%
netball	9%
basketball	8%
outdoor cricket	5%
softball/baseball	3%
indoor cricket	2%
volleyball	2%
martial arts	2%
squash	2%
tennis	2%
hockey	2%

These sports however have varying rates of injury severity, which may be indicated by the proportion of presentations requiring admission to hospital. The **admission rates** of these sports from highest to lowest were:

sport	proportion of injuries requiring admission
tennis	11%
soccer	9%
football/rugby	8%
outdoor cricket	7%
indoor cricket	6%

squash	5%
volleyball	4%
basketball	4%
softball/baseball	4%
martial arts	3%
hockey	3%
netball	2%

If these two indicators of 'danger' for each sport, **frequency of presentation for injury** and **rate of admission for injury**, are combined by a simple ranking system, the 'most dangerous' sports are therefore (from most dangerous to least dangerous):

HAZARD RANK	SPORT
1	football/rugby
2	outdoor cricket
3	basketball, indoor cricket, tennis
4	softball/baseball, netball, volleyball
5	squash
6	martial arts
7	hockey

It must be remembered that this data does not reflect the numbers of people playing each sport. Nor does it take into consideration the sporting injuries presenting at 24 hour medical centres, general practitioners and physiotherapists, or those managed at home.

PRODUCT RECALL NOTICE (JUNE 94)

TOYOTA: Toyota VN lexcons produced between August 1989 and October 1990 within the following Vehicle Identification Number range.

6H8	VNL19H	KT299500	MT465000
6H8	VNL35H	KT299500	MT465000
6H8	VNX19H	KT299500	MT465000
6H8	VNK19H	KT299500	MT465000
6H8	VNK35H	KT299500	MT465000

The driver's seat belt stalk and buckle assembly on these vehicles lightly contact the seat frame. There is a concern over a prolonged period of use, especially if the seat position is frequently adjusted, that the belt webbing which is contained within a corrugated plastic sleeve may be abraded. If this occurs, the strength of the seat belt stalk will be reduced.

Contact 008 800 394.